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Item 3 of the provisional agenda*

Recommendation for funding for a short-duration country programme**

Democratic Republic of the Congo

Summary

The present document contains a recommendation for funding from regular resources and other resources for the country programme of the Democratic Republic of the Congo with a duration of three years to support activities which are being developed by the country programme. The Executive Director *recommends* that the Executive Board approve the amount of $48,659,000 from regular resources, subject to the availability of funds, and $40,500,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2003-2005.

* E/ICEF/2002/11.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 2001. They will be contained in the summary of recommendations for regular resources and other resource programmes for 2002 (E/ICEF/2002/P/L.36).

02-45698 (E) 050802 060802

Basic data (2000 unless otherwise stated)	
Child population (millions, under 18 years)	28.2
U5MR (per 1,000 live births)	205
IMR (per 1,000 live births)	129
Underweight (% moderate and severe) (2001)	31
Maternal mortality ratio (per 100,000 live births) (1988)	1 300
Literacy (% male/female) (2001)	80/52
Primary school enrolment (% net, male/female) (2001)	55/48
Primary school children reaching grade 5 (%) (2001)	54
Use of improved drinking water sources (%) (2001)	46
Routine EPI vaccines financed by Government (%) (2001)	0
HIV prevalence among adults (%) (1999)	5.1
GNP per capita (US$)	[a]
One-year-olds fully immunized against (2001):	
Tuberculosis	56 per cent
Diphtheria/pertussis/tetanus	31 per cent
Measles	48 per cent
Poliomyelitis	43 per cent
Pregnant women immunized against tetanus	48 per cent

[a] Estimated to be low ($755 or less).

The situation of children and women

1. The recent years of armed conflict in the Democratic Republic of Congo, which have caused the deaths of 2.5 million people and displaced a further 2 million people, have had disastrous consequences for the situation of children, women and families. As a result of the crisis, families have been torn apart, children have been used by the country's armed groups, the number of people living in the streets has risen rapidly, access to basic social services has been reduced, family incomes have fallen, and infant and maternal mortality rates have risen. The consequences of the conflict have been made worse by natural disasters, such as the eruption of the Nyiragongo volcano in January 2002, which destroyed 30 per cent of the city of Goma and led to the displacement of 400,000 people.

2. Malaria, measles, diarrhoea, acute respiratory infections (ARI) and acute malnutrition are the leading causes of child mortality. The situation of women is disturbing; the maternal mortality ratio is estimated at 1,289 per 100,000 live births. The average HIV seroprevalence rate among pregnant women is 8.1 per cent, and the Joint United Nations Programme on HIV/AIDS estimates that there are 680,000 AIDS orphans in the country. Due to the poor quality of health services and the fact that they must be paid for by patients, 70 per cent of families are excluded from access to care.

3. Fewer than 3 per cent of children from three to five years of age are enrolled in the formal early education system, and more than 4.6 million school-age children (including 2.5 million girls) do not attend school. The repetition rate is above 22 per cent, and scarcely 25 per cent of children reach the fifth grade of primary school without repeating. The decline in standards within the education sector is the consequence of a poorly qualified teaching staff, combined with parents' inability to pay annual school fees.

4. Protection of women and children continues to present a challenge. Only 34 per cent of children under five are registered with the authorities. Orphans account for 8.8 per cent of children between the ages of 8 and 15 and are prime targets for the armed groups. Tens of thousands of children are still enlisted in such groups. Women are victims of sexual violence and failure to respect rules on inheritance. With regard to participation, there continues to be a tendency to exclude children and women from all decision-making processes, despite the establishment of the national children's and women's councils and the children's parliament.

5. However, the ceasefire is being observed by the warring parties, under the supervision of the United Nations Organization Mission in the Democratic Republic of the Congo (MONUC), the inter-Congolese dialogue for peace is under way, and the country has re-established relations with the Bretton Woods institutions — all factors offering hope that recognition of women's and children's rights will become a reality.

Programme cooperation, 2000-2002

6. The programme of cooperation was implemented in five government-controlled provinces and three rebel-held provinces; it has been revised through regular annual reviews in order to ensure that it conforms to the evolution of the humanitarian crisis and to the new needs of the population. The programme incorporates the response to the humanitarian emergency that was funded through the Consolidated Appeals Process. In that context, emergency medical support was provided to 4 million people; 400,000 children were immunized against measles and 100,000 received nutritional support; 120,000 out of 350,000 displaced families were provided with relief kits; and 100,000 displaced children were able to return to school. Furthermore, nearly 45,000 families affected by the eruption of the Nyiragongo volcano have received relief kits, 12,000 children have returned to school and 320,000 children from 9 months to 15 years of age have been immunized against measles.

7. The primary health care programme has revitalized health centres by providing the minimum package of activities, including curative and preventive care and health promotion, thus improving the services offered to 1 million children and women. As a result of the poliomyelitis eradication initiative, 12 million children were immunized against the disease, and no new cases were reported in 2001. Revitalization of the Expanded Programme on Immunization (EPI) has increased immunization coverage among children, on average, from 35 per cent to 50 per cent in four provinces. An immunization campaign against measles was conducted among 2.5 million children under five. Under the anti-malaria campaign, insecticide-treated bed nets were introduced in six health regions. Vitamin A distribution was integrated into routine activities and national immunization days,

and iodized salt monitoring was strengthened. The programme played a decisive role in the formulation of the national plan to prevent mother-to-child HIV transmission.

8. The aim of the education programme was to provide quality education to children of school age. The desired reduction in dropout rates and increase in enrolment rates were achieved at 500 targeted schools with a total of 420,000 pupils. The enrolment rate rose from 5 to 20 per cent, with a significant increase in the number of girls. The dropout rate fell to below 10 per cent. School supplies, textbooks and furniture were provided to more than 416,000 pupils, including 175,000 girls. A curriculum was developed and 8,800 teachers received training. Life skills training provided by 1,900 teachers and educators has prepared 87,000 children and teenagers, including 33,000 girls, to be more successful at school and in their adolescent lives.

9. The child protection programme has helped to ensure that children's rights are implemented. The draft reform of the juvenile justice system was brought into line with international conventions, but has not yet entered into force. In an effort to provide assistance to children and women, 14 community legal clinics were opened and 20,000 vulnerable children, 30 per cent of whom are girls, have had regular, free access to health care and education. More than 200 social workers were trained to provide psychosocial supervision for children at risk. The survey and awareness-raising campaign on child soldiers have made it possible to begin the process of demobilizing 250 children in the western part of the country and 269 in the eastern part.

10. The social advocacy and planning programme has helped to promote rights and strengthen governmental planning capacities. Efforts to encourage civil registration of children have led to a 15 per cent rise in the number of children registered in the country's five main cities, while the creation of the national children's council has helped to popularize children's rights. Through the multiple indicator cluster survey (MICS), it has been possible to update statistics on the goals of the World Summit for Children and to build national capacities. Under the programme, 250 partners from the Government and non-governmental organizations (NGOs) were trained in project planning using the logical framework method and the rights-based approach, and in UNICEF management procedures.

Lessons learned from past cooperation

11. The country programme has been implemented in an emergency context, one that called for a response appropriate to the needs of children and women. Despite certain constraints imposed by the crisis situation, significant results have been achieved, in particular, the national immunization days and the MICS survey, in both government-controlled zones and those held by armed opposition groups. These results were achieved through consistent advocacy efforts by UNICEF at the highest level and the presence of UNICEF teams in each of the eight provinces in order to support programme execution and maintain the close partnership developed with donors and NGOs. Nevertheless, the excessive centralization of planning activities and programme implementation has limited the programme's ability to meet the new needs of the population. Two new teams have been set up, one in the eastern part of the country and one in the western part; the next programme will

therefore have a stronger presence in the field and will be able to provide a rapid, flexible response, adapted to the needs of families and communities.

12. The UNICEF office has integrated emergency activities and humanitarian assistance into the regular programme, but there has been evidence of a lack of complementarity in the areas of health and nutrition. The efforts made to strengthen the emergency planning capacities of the Government and the office will improve the synergy between emergency activities and the regular programme. The lack of convergence among sectoral components has limited the programme's impact. A strategic thrust of the next programme will be to define a zone of convergence within each of the eight provinces. The frequency of cholera epidemics in certain regions of the country, owing to poor hygiene and poor sanitation, has never been checked. The next programme will address this problem.

13. The programme has promoted equality between the sexes, the fight against HIV and integrated early children development, in accordance with vertical strategies. The new programme will promote those strategies through an intersectoral approach, by identifying the support required of each programme component. MICS and the survey on child soldiers have made it possible to update our knowledge of the situation of children and to perform effective advocacy among decision-makers. Evaluation of the health services revitalization project has confirmed the significant increase in the use of preventive care and shown that almost half of the country's health centres are able to cover their operating costs. The study on girls' enrolment has shown that tradition and poverty are major causes of low enrolment rates among girls. The next programme will take into account the lessons learned from these surveys, studies and evaluations.

14. The absence of an integrated communication plan in support of programmes has limited the effectiveness of sectoral interventions. The design and implementation of such a plan will be given priority under the new programme.

Recommended programme cooperation, 2003-2005

	Estimated total annual expenditure (In thousands of United States dollars)			
	2003	*2004*	*2005*	*Total*
Regular resources				
Survival of children and women	5 450	5 450	5 450	16 350
Child development and education	3 300	3 300	3 300	9 900
Protection of vulnerable groups	1 200	1 200	1 200	3 600
Participation and communication	700	700	700	2 100
Planning and development of social policies	1 400	1 400	1 400	4 200
Cross-sectoral costs	4 143	4 183	4 183	12 509
Subtotal	**16 193**	**16 233**	**16 233**	**48 659**

	Estimated total annual expenditure (In thousands of United States dollars)			
	2003	*2004*	*2005*	*Total*
Other resources				
Survival of children and women	7 250	7 250	7 250	21 750
Child development and education	2 300	2 300	2 300	6 900
Protection of vulnerable groups	1 900	1 900	1 900	5 700
Participation and communication	900	900	900	2 700
Planning and development of social policies	600	600	600	1 800
Cross-sectoral costs	550	550	550	1 650
Subtotal	**13 500**	**13 500**	**13 500**	**40 500**
Total	**29 693**	**29 733**	**29 733**	**89 159**

Country programme preparation process

15. The programme of cooperation was formulated through collaboration with the Government and its partners. As a result of this process, the Government, civil society and UNICEF were able to engage in a dialogue on issues affecting children. The process concluded with a programme validation meeting, attended by United Nations agencies and donors, and culminated in the definition of a programme cooperation strategy consistent with the outcome of the Common Country Assessment undertaken in 2001. The resulting dynamic will be further exploited during the preparation of the United Nations Development Assistance Framework (UNDAF), planned for 2002.

Country programme goals and objectives

16. In the context of a recurring humanitarian crisis, the programme will strive to achieve a return to peace and respect for the basic rights of children and women, in order to help to attain the national goals for child survival, development, protection and participation. The programme will contribute to: (a) reducing infant and infant-child mortality rates by 10 per cent and maternal mortality ratios by 5 per cent; (b) increasing school enrolment rates by 6 per cent, while reducing the disparity between girls and boys; (c) reuniting 40 per cent of the children and women in need of special protection measures with their families, especially child soldiers, street children and children working in mines; (d) promoting an increase in the share of national resources and official development assistance allocated to basic social services; (e) developing a national system of planning, monitoring and evaluation of programmes for children; and (f) reducing the vulnerability of children, adolescents and women to HIV.

Relation to national and international priorities

17. The programme is in line with the national priorities set out in the multisectoral rehabilitation and reconstruction programme 2002-2005, with respect to the revitalization of health services, basic education and child protection components, and with the Fund's medium-term strategic plan, based on "A World Fit for Children". It also conforms to the guidelines set forth in the 2001 Common Country Assessment and will help to achieve the millennium development goals, through UNDAF and the interim Poverty Reduction Strategy Paper (PRSP), currently being prepared.

Programme strategy

18. The country programme strategy is based on children's right to life, development, protection and participation. It will strengthen the leading role of UNICEF in such areas as early childhood immunization, girls' schooling, integrated early childhood development, protection of vulnerable groups and HIV prevention, by making the family the central focus of all interventions. The strategy integrates UNICEF regional HIV strategies, integrated early childhood development and the principle of equality between the sexes. In practice, it will comprise the following: (a) emergency response, integrated into regular programme activities; (b) capacity-building at the institutional, community and family levels; (c) efforts to provide more and better-quality services; (d) advocacy and communication aimed at social mobilization, the use of basic social services and the adoption of new behaviours; (e) participation of families and communities in all phases of programme development; (f) intrasectoral and intersectoral integration, in order to ensure synergy among the programmes; and (g) a flexible approach, so that the programme can be adapted to the changing situation.

19. Certain programme components will be implemented nationwide, including immunization, rights promotion and the development of social policies. In order to ensure intrasectoral and intersectoral synergy, the country programme will concentrate on 55 of the country's 307 health regions, involving a total of 8.5 million people, or 16 per cent of the population. These health regions will be chosen in accordance with the situation of children, the prospects for partnership and the experiences of past cooperation; they will be distributed among the provinces of Bas-Congo, Kinshasa, Kasaï-Occidental, Kasaï-Oriental, Katanga, Kivu-Nord, Kivu-Sud and Orientale and will constitute the convergence zone for the country programme, to be covered by the regional offices, with the support of the UNICEF central office. This approach will improve the effectiveness and adaptability of the programme in the field by making the two regional offices responsible for planning, implementation, monitoring and evaluation.

20. The programme on survival of children and women focuses on decentralizing health system management to the health regions level, integrated management of childhood illness, and behaviour change communication. The immunization project will bring vaccine coverage against EPI target diseases to 80 per cent and will continue to hold national immunization days for poliomyelitis and measles. By training 12,000 health workers, strengthening the cold chain at 3,500 health centres and supplying vaccines, to be funded eventually by the Government, the programme will help to reduce the incidence of transmissible diseases among 12 million

children under five. The programme will be implemented in conjunction with the World Health Organization (WHO), the United States Agency for International Development, BASIC and Rotary International. The health system revitalization project will help to maintain the quantity and quality of services in 55 health regions, focusing on the fight against ARI, diarrhoeal diseases, malaria, malnutrition and the promotion of appropriate behaviours, through integrated management of childhood illness, including its community participation and early childhood education components. Some 11,500 health workers will be trained and supervised, in partnership with WHO and local organizations, in the provision of quality health care to 2 million children under five.

21. The nutrition project will reduce vitamin A deficiency among children under eight from 60 per cent to 15 per cent, cut the prevalence of anaemia among pregnant women from 57 per cent to 25 per cent, and maintain the consumption of iodized salt at 95 per cent of households. The promotion of exclusive maternal breastfeeding up to six months of age will be extended to all maternity wards and communities in the 55 health regions, as an introduction to the strategy of integrated early childhood development. In the targeted health regions, the project on reproductive health and prevention of mother-child transmission of HIV will focus on proper prenatal care, improved delivery conditions, HIV prevention and care of seropositive pregnant women at 20 reference hospitals and maternity wards. It will reduce the maternal mortality ratio among 2.1 million women of childbearing age by 2.5 per cent and will reduce the risk of mother-child HIV transmission. The water, hygiene and sanitation project, which is being implemented in collaboration with OXFAM and the World Bank, will nurture a healthy environment and appropriate behaviours in schools and early childhood centres through health education and the construction of water points and latrines.

22. The child development and education programme seeks to strengthen teacher capacity, empower communities and encourage participation by children. The early childhood education and development project will target community groups. It will have four priority focuses: (a) parental education, which will strengthen and complement traditional practices for the survival and development of young children; (b) support for a holistic national early childhood policy; (c) capacity-building for the formal pre-school system; and (d) support for the creation of community-based early learning centres in the convergence zone. Based on the utilization of positive traditional practices, this project will train 9,000 supervisors and produce educational materials for the early learning activities of 300,000 children under five. By supporting the public pre-school system through the provision of equipment and training, the project will increase the number of children who benefit from it to 16,000. The girls' education project will raise the admission rate for girls from 20 per cent to 50 per cent at 1,000 targeted schools, with a 75 per cent retention rate in the third year. With support from the United Nations Educational, Scientific and Cultural Organization (UNESCO), the project will support the introduction of modules on peace and HIV prevention in school curricula and provide training for 17,000 teachers. It will equip 10,000 classrooms with teaching equipment and will help to improve the academic performance of 800,000 students, who will be given textbooks and school supplies. The environment will be improved through the construction of latrines at 500 rehabilitated schools, with the collaboration of OXFAM and the World Bank. Girls' schooling will be promoted through the creation of 1,000 parent committees and the

organization of mass campaigns in partnership with the non-governmental organization Strategies for Advancing Girls' Education (SAGE). Under the survival programme, 350,000 schoolchildren from six to eight years of age will benefit from health and nutrition activities. Support will also be provided for the education of 100,000 displaced children, in cooperation with the World Food Programme and the Norwegian Refugee Council.

23. The protection of vulnerable groups programme helps to ensure the application of laws protecting vulnerable children, women and families. The legal and social protection programme will increase the effectiveness of the judicial system by revising legislation to bring it into line with international law, training the staff of the peace courts in the eight provinces, and setting up community legal clinics with a view to improving access for target groups. In order to improve the application of protection principles, a programme will be set up to educate communities and families in the law. Through its social dimension, the project will contribute to the preparation, adoption and application of social policies for excluded women and children, in order to facilitate their access to education and health. Non-institutional strategies will be applied in an effort to reintegrate 20,000 children who are living in the streets or working in the mines. Five hundred social workers will be trained to provide better care to children and women infected with and affected by HIV/AIDS, including psychosocial follow-up. A plan for assisting orphans will be designed and implemented. These activities will be carried out in partnership with OXFAM, Save the Children and local organizations. The project on children, women and families affected by armed conflict will continue its advocacy efforts aimed at stopping the recruitment of child soldiers and will guide the process of demobilizing around 10,000 child soldiers and reuniting them with their families. Training of non-governmental and grass-roots organizations in how to care for children and women affected by conflict will be provided in collaboration with the World Bank, the International Labour Organization (ILO) and MONUC, and will be reinforced through greater knowledge of at-risk groups.

24. The participation and communication programme will develop a consistent communication policy that will increase the international community's awareness of the situation of Congolese children. In accordance with the evolution of that situation, the policy will seek to promote more appropriate behaviours in terms of ensuring respect for children's rights. The project on advocacy for the implementation of rights will encourage development of a sociopolitical and legal environment conducive to the realization of rights. Through advocacy efforts among decision-makers, leaders and civil society, capacity-building, the production of educational materials and the provision of training and equipment to 50 news media, the project seeks to increase the share of national resources allocated to the social sectors and to ensure greater respect for children's and women's rights. The aim of the project on communication in support of programmes will be to form alliances with the Government and civil society, in order to foster their adherence to programme priorities and encourage communities and families to adopt behaviours and attitudes conducive to child survival and development. The project will therefore assist in the conduct of behavioural studies, the establishment of 1,500 community structures, and the revitalization of traditional and modern communication networks. The goal of the project on HIV/AIDS and young people is to define a national HIV prevention strategy based on grass-roots communities. In the convergence zone, the project will help to reduce the HIV infection rate among

young people by 25 per cent, and will ensure that 90 per cent of young people know how to protect themselves against HIV infection and have access to *amis des jeunes* ("friends of young people") services. To achieve these objectives, an analysis of the situation of young people, followed by a plan of action, will be carried out with the participation of young people and the country's development partners. A communication plan will be developed. The *amis des jeunes* health services and the schools will reinforce the communication programme through knowledge acquisition and life skills programmes. A peer education strategy will be implemented to reach out to children who are not in school.

25. The programme on planning and development of social policies helps to ensure that children's and women's rights are taken into account in national development policies and plans. The social policy and rights monitoring project will create competency within the Ministry of Planning so that it can assist in the review of health, education and protection policies. At the central and provincial levels, the project will support the management of the database on children and women and monitoring of the national plan of action for children. The planning, follow-up and evaluation project will develop a culture of evaluation among development partners and will strengthen their project management and evaluation capacities by training 300 technicians, providing equipment for statistical departments on health and education, and informing beneficiaries of evaluation results on a systematic basis. It will conduct the studies required to foster a better understanding of the situation of children and women, in collaboration with the United Nations Development Programme (UNDP) and the World Bank, and will participate in the formulation of UNDAF and the PRSP. It will coordinate implementation of the integrated plan for monitoring and evaluation of the country programme, especially in order to measure its impact on the situation of children and women in the convergence zone, and will support the implementation of a national network of evaluators, open to civil society. Using funds generated by the Consolidated Appeals Process, the humanitarian assistance project will invest in the planning, execution and coordination of emergency operations between the Government and its partners, develop rapid response capabilities, and ensure that emergency activities and regular programme activities are integrated and complementary. It will be implemented in collaboration with the Office for the Coordination of Humanitarian Affairs (OCHA) and the European Union.

26. Cross-sectoral costs are aimed at ensuring the availability of the human, material and logistical resources needed to implement the country programme. They will be shared between the central office and the two regional offices in order to support the decentralized implementation of the country programme.

Monitoring and evaluation

27. Coverage and impact studies, including the 2005 MICS survey, specific surveys and ex ante evaluations, carried out with the participation of institutional partners, civil society, research institutions and universities, will make it possible to monitor progress towards achieving the goals of the national plan of action for children and to measure programme impact in the convergence zone. In the programme implementation areas, result indicators will be monitored, especially vaccine coverage rates, the use of insecticide-treated bed nets, the number of children born with HIV, girls' schooling and the reintegration of child soldiers and

street children. End-of-year programme assessments will ensure that strategies and activities are adjusted to reflect changes in the situation of children and women.

Collaboration with partners

28. The UNDAF, the Consolidated Appeals Process and the multisectoral reconstruction and rehabilitation programme will foster complementarity between the programme and the actions of United Nations agencies and other development partners. The participation of thematic groups on good governance, the fight against poverty, food security, human rights and HIV/AIDS will make it possible to harmonize operational strategies. The office will strengthen its collaboration with donors, including South Africa, Belgium, Canada, Denmark, France, Germany, Ireland, Italy, Japan, the Netherlands, Norway, Spain, Sweden, Switzerland, the United States of America, the European Union and national committees for UNICEF. The partnership will be extended to non-governmental organizations and civil society.

Programme management

29. The Government and UNICEF have agreed on the need to establish an overall framework for programme management that is effectively decentralized and flexible, the better to meet the needs identified over the past three years. The Ministry of Foreign Affairs and International Cooperation heads the inter-ministerial committee for coordination and monitoring. Composed of representatives of ministries and UNICEF administrators, the committee will meet on a quarterly basis and at each review, in order to monitor and improve programme impact. It will assist the provincial teams responsible for programme planning and implementation in the management of action plans by involving partners. The budget, 60 per cent of which is financed from regular resources, will ensure funding for the priorities of the medium-term strategic plan. The UNICEF office and the Government will develop a joint strategy for mobilizing the portion of the budget approved under other resources.

TABLE
LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : DEM REP OF CONGO
PROGRAMME:2003-2005

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
SURVIVAL OF THE CHILD AND MOTH	16,350,000		16,350,000	0	0	1	3	1	0	5	2	3	10	2,733,444	426,324	3,159,768
DEVELOPMENT & EDUC. OF THE CHI	9,900,000		9,900,000	0	0	0	1	1	0	2	1	1	4	1,011,990	167,116	1,179,106
PROTECTION OF VULNERABLE GROUP	3,600,000		3,600,000	0	0	0	1	1	0	2	1	2	5	1,011,990	217,833	1,229,823
PARTICIPATION AND COMMUNICATIO	2,100,000		2,100,000	0	0	0	1	0	0	1	2	1	4	536,509	280,244	816,753
PLANNING & DEV. OF SOCIAL POLI	4,200,000		4,200,000	0	0	0	1	1	0	2	1	2	5	1,123,917	223,227	1,347,144
CROSS-SECTORAL COSTS	12,509,000		12,509,000	0	0	0	4	5	2	11	11	41	63	5,285,605	3,278,983	8,564,588
TOTAL RR	48,659,000		48,659,000	0	0	1	11	9	2	23	18	50	91	11,703,455	4,593,727	16,297,182
OTHER RESOURCES :																
SURVIVAL OF THE CHILD AND MOTH		21,750,000	21,750,000	0	0	0	0	2	0	2	1	1	4	950,962	167,116	1,118,078
DEVELOPMENT & EDUC. OF THE CHI		6,900,000	6,900,000	0	0	0	0	1	0	1	1	1	3	475,481	213,676	689,157
PROTECTION OF VULNERABLE GROUP		5,700,000	5,700,000	0	0	0	0	0	0	0	1	0	1	0	116,399	116,399
PARTICIPATION AND COMMUNICATIO		2,700,000	2,700,000	0	0	0	0	0	0	0	0	1	1	0	47,446	47,446
PLANNING & DEV. OF SOCIAL POLI		1,800,000	1,800,000	0	0	0	1	0	0	1	1	2	4	536,509	223,227	759,736
CROSS-SECTORAL COSTS		1,650,000	1,650,000	0	0	0	0	1	0	1	2	17	20	475,481	853,547	1,329,028
TOTAL OR		40,500,000	40,500,000	0	0	0	1	4	0	5	6	22	33	2,438,433	1,621,411	4,059,844
TOTAL RR & OR	48,659,000	40,500,000	89,159,000	0	0	1	12	13	2	28	24	72	124	14,141,888	6,215,138	20,357,026
SUPPORT BUDGET	Operating costs		1,027,966													
	Staffing			0	1	2	1	1	0	5	2	9	16	3,069,221	665,402	3,734,623
GRAND TOTAL (RR + OR + SB)				0	1	3	13	14	2	33	26	81	140	17,211,109	6,880,540	24,091,649
Number of posts and staff costs:																
Current programme cycle										22	21	69	112			
At the end of proposed programme cycle (indicative only)										33	26	81	140	17,211,109	6,880,540	24,091,649

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

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Recommendation for a short duration country programme**

Liberia

Summary

The present document contains a recommendation for funding from regular resources and other resources for the country programme of Liberia with a duration of three years to support activities that will lead to the preparation of a full-length country programme. The Executive Director recommends that the Executive Board approve the amount of $4,441,000 in regular resources, subject to the availability of funds, and $11,700,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2003 to 2005.

* E/ICEF/2002/11.

** The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 2001. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2002 (E/ICEF/2002/P/L.36).

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U5MR (per 1,000 live births)	235
IMR (per 1,000 live births)	157
Underweight (% moderate and severe) (1976)	20
Maternal mortality ratio (per 100,000 live births) (1995)	1 000[b]
Literacy (% male/female)	70/37
Primary school enrolment (% net, male/female) (1999)	43/31
Primary school children reaching grade 5 (%)	..
Use of improved drinking water sources (%)	..
Routine EPI vaccines financed by Government (%) (1999)	0
Adult HIV prevalence rate (%) (1999)	2.8
GNP per capita (US$)	[a]
One-year-olds fully immunized against:	
Tuberculosis	80 per cent
Diphtheria/pertussis/tetanus	55 per cent
Measles	54 per cent
Poliomyelitis	59 per cent
Pregnant women immunized against tetanus	42 per cent

[b] WHO/UNICEF model based estimate.
[a] Estimated to be low income ($755 or less).

The situation of children and women

1. Ravaged by conflict, Liberia has not recovered from the eight-year civil war that caused 200,000 deaths and displaced one half of the population between 1989 and 1997. The country's gross domestic product of $177 is less than one half the pre-war level. One third of the country is inaccessible due to continuing insecurity and 120,000 people, mostly children and women, are internally displaced in camps. Regional peace initiatives have not yet yielded promising results. Neglect by donors has greatly restricted the possibility to mobilize resources, especially in the light of sanctions.

2. Some 85 per cent of the population live in poverty, with a purchasing power of less than $1 per day; 52 per cent live in extreme poverty with a daily purchasing power of half that amount. More than two thirds of the population are illiterate, and only half of the pre-war number of primary schools have re-opened. This context of long-term population displacement and instability have resulted in a high number of vulnerable women and children and weakened family and community structures with poor child-caring practices. Disengagement by the Government is the major cause of the extremely low availability of and access to basic social services, which in turn are the key causes of Liberia's high infant and child mortality rates. The

major childhood illnesses are malaria (accounting for 37 per cent of all illnesses), diarrhoea (22 per cent) and acute respiratory infections (12 per cent). Malnutrition is widespread, with 39 per cent of children under five years of age stunted, 26 per cent underweight and widespread micronutrient deficiencies among children and women.

3. The long-term conflict has also negatively affected maternal health, resulting in inadequate access to health and reproductive care and poor nutrition, as evidenced by the high maternal mortality ratio (MMR). The war has interrupted women's economic activities, limiting their income. Harmful cultural practices, high rates of illiteracy and gender discrimination have reduced women's ability to make informed decisions affecting their health. For example, 47 per cent of husbands decide whether or not their pregnant wives see a doctor. The rate of HIV infection is increasing, affecting an estimated 8.2 per cent of the population aged 15-49 years, up from 5.6 per cent in 1999. A 2001 study sponsored by the United Nations theme group on HIV/AIDS showed that up to one half of adults do not believe that HIV can be contracted through sex with multiple partners. This lack of knowledge, compounded by poverty and socio-cultural beliefs, poses a great challenge for the survival of children and young people, especially girls, who also experience sexual abuse, the risk of unwanted pregnancy and early marriage.

4. The protection of children has deteriorated because of the conflict. About 20 per cent of children under 15 years of age live with neither biological parent and 60 per cent of school-age children are not in school. Of those in school, only 42 per cent attain minimal levels of learning achievement according to a study on Monitoring of Learning Achievements (described in the regional summary of mid-term reviews and evaluations of country programmes reviewed by the Executive Board at the 2002 Annual Session (E/ICEF/2002/P/L.18)). Many children are now too old to start or resume school. As many as 15,000 children were directly involved in the conflict either as soldiers or as sex slaves. Laws and their enforcement are inadequate due to the low capacity of authorities and are often contradicted by varied definitions of the child in the Liberian statutes and in traditional values. Poor caring practices, high illiteracy of caregivers and lack of life skills among children further increase their vulnerability.

Programme cooperation, 2001-2002

5. The 2001-2002 programme, prepared within the context of post-war rehabilitation, sought to reduce the high levels of child and maternal mortality and increase primary school learning achievements, especially for girls. It also sought to enhance re-integration of war-affected children into social and community structures and support the growing number of internally displaced persons (IDPs). The programme sought to build community capacities to better manage child, adolescent and maternal health. It supported community capacity assessments and studies on child-care and child-rearing practices, to prepare for implementation of the integrated management of childhood illnesses (IMCI) strategy at the community level. UNICEF, in cooperation with the World Health Organization (WHO) and the Ministry of Health, supported successful National Immunization Days (NIDs) which resulted in 100-per-cent immunization coverage against polio. Support from the Global Alliance for Vaccines and Immunization (GAVI) provided cold-chain

equipment and technical training for routine immunization and NIDs. However, immunization coverage rates for all antigens remained at 39 per cent in 2001.

6. During 2001, heightened insecurity in the north increased the number of IDPs in camps from 15,000 in the first quarter of the year to over 70,000 in April 2002, out of a national total of 120,000 IDPs. Consequently, the programme shifted focus, and scaled up emergency interventions to provide support for basic services in the IDP camps and host communities. Early in 2002, the United Nations country team implemented Phase 4 security because of renewed fighting and insecurity, resulting in the suspension of planned programme activities and the relocation of international health and education staff.

7. The country programme addressed abuse and violence against young girls, boys and women through partnerships with five local non-governmental organizations (NGOs) that focused on life-skills education and "child-friendly" spaces for sports and youth group activities. The latter included HIV prevention, theatre and music productions and painting of murals depicting peace and reconciliation messages on public buildings. The work of George Weah, UNICEF Goodwill Ambassador and national and international football hero, also provided a caring adult role model for young people. Assistance to displaced children focused on training teachers in accelerated learning techniques. As part of its protection work, UNICEF also supported the German Agency for Technical Cooperation (GTZ) for vocational training of 200 displaced children in masonry, agriculture and manufacture of farming tools with metal recuperated from weapons. The programme provided training to the judiciary and police. Former child soldiers and sex slaves received psychosocial support, literacy training and life-skills education from 96 counsellors trained to cover four project sites. "Child-friendly" spaces were established to ensure that children and mothers had a safe environment to receive basic care. The country programme responded immediately to the report on recent incidents of child abuse by humanitarian aid workers, working to revise cooperation agreements and sensitize all partners to ensure understanding of zero tolerance for conduct that endangers the protection and welfare of children and women. These efforts were strengthened by the assistance of the Norwegian Refugee Council, which seconded a child protection officer to UNICEF.

8. The country programme combined advocacy and mobilization in supporting efforts to eliminate the barriers to girls' education. It supported youth empowerment and development of leadership skills as a strategy for social reintegration. The programme supported monitoring of learning achievements and curriculum reform, provision of educational materials and promotion of parental and community participation in school governance. The accelerated learning project compressed six years of regular primary school to three years, trained 1,500 teachers, provided primary education to 7,200 over-age children and socially reintegrated 2,000 former child soldiers.

9. Community management of basic social services for children was the programmatic response to limited government capacities, marked by the displacement and departure of civil servants, with many remaining unpaid for several months. In consultation with partners, the programme undertook community capacity assessments and piloted a community-based approach in Bong County in partnership with the local authorities, NGOs and research institutions. The programme provided over 70,000 IDPs in camps with health, nutrition, water,

shelter, educational and recreational supplies, through NGOs and in partnership with other United Nations agencies.

Lessons learned from past cooperation

10. Communities are the core operators for sustainability in crises. Two studies on IMCI (on community capacity assessment and child-care and child-rearing practices) were conducted as part of the pilot microplanning process conducted in Bong County. As a result, community mobilization and participation in assessment, analysis and action generated increased ownership of programmes by communities and contributed to a record 1 million votes cast in the "Say Yes for Children" campaign in Liberia. This led to the participation of a woman paramount chief at the General Assembly Special Session on Children. Having the community as a primary implementing partner was vital for sustainable service delivery. Provision of service delivery was the key motivating factor required for building effective community capacities and empowering women. Flexibility allowed for adjustment of programmatic actions and for seizing opportunities to scale up whenever feasible to increase coverage and better meet needs. Pacing is key to ensure that community members have time to fully internalize the process. Gender awareness and leadership skills as well as wider partnerships are prerequisites for successful participation by women.

11. The arrival of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) in 2001 improved coordination among humanitarian actors. OCHA spearheaded creation of an "aid matrix" to map out and match providers' capacities to needs in IDP camps. OCHA improved the quality of rapid assessments by sponsoring joint field evaluations by agencies, and established a team of lead agencies to strengthen the government body responsible for registration of IDPs.

12. The absence of appropriate methods to assess status throughout crises was a critical obstacle to obtaining reliable data. Lack of peace, continued conflict and inadequate policies and structures, compounded by little support from the international community, are factors that pose great challenges for the future programme.

Recommended programme cooperation, 2003-2005

Estimated annual expenditure
(In thousands of United States dollars)

	2003	*2004*	*2005*	*Total*
Regular resources				
Health and nutrition	550	520	520	1 590
Early childhood development and basic education	350	350	350	1 050
Child protection and participation	330	330	330	990
Planning, monitoring and evaluation	120	150	150	420
Cross-sectoral costs	129	131	131	391
Subtotal	**1 479**	**1 481**	**1 481**	**4 441**
Other resources				
Health and nutrition	1 400	1 400	1 400	4 200
Early childhood development and basic education	950	950	950	2 850
Child protection and participation	1 160	1 160	1 160	3 480
Planning, monitoring and evaluation	60	60	60	180
Cross-sectoral costs	330	330	330	990
Subtotal	**3 900**	**3 900**	**3 900**	**11 700**
Total	**5 379**	**5 381**	**5 381**	**16 141**

Country programme preparation process

13. The programme preparation process began with the establishment of a multisectoral technical planning committee and thematic groups, based on priorities identified during the update of the situation analysis and the Common Country Assessment (CCA). The programme incorporated recommendations from the 2001 annual programme review. UNICEF provided inputs to the CCA and participated in the development of the United Nations Development Assistance Framework (UNDAF) for 2003-2005. The UNDAF identified five theme groups, on: (a) conflict resolution, peace building and relief; (b) good governance; (c) food security and sustainable recovery; (d) reproductive health, combating HIV/AIDS, malaria and other diseases; and (e) cross-cutting issues of gender, child rights, protection and environment. UNICEF participation focused on the latter two theme groups.

14. The country programme used the themes to develop four programme components that are also consistent with the priorities of the UNICEF medium-term strategic plan for 2002-2005. The programme's zones of convergence will be drawn from the poorest communities in five counties (Montserrado, Margibi, Grand Bassa, River Cess and Bong), selected based on their low indicators for net school enrolment, malnutrition and access to safe drinking water and sanitation. A total of 350,000 children (23 per cent of the national child population) will be covered,

using a community approach for decision-making and to support behavioural change. The new programme was reviewed and endorsed at a meeting chaired by the Ministry of Planning and Economic Affairs and attended by key stakeholders from the Government, NGOs and United Nations agencies.

Country programme goals and objectives

15. The goal of the country programme is to contribute towards: (a) reduction of the infant and under-five mortality rates by 5 per cent and the MMR by 10 per cent; (b) in the selected communities, increasing access to basic education by 10 per cent for girls aged 6-12 years, with gender balance, and support access of 20 per cent of children aged 3-6 years to community-based day-care centres; (c) improved child-care practices of 30 per cent of parents and other caregivers in the selected communities; (d) the development and monitoring of child protection measures adapted to conflict situations; and (e) the development and implementation of a comprehensive early childhood development (ECD) policy.

Relation to national and international priorities

16. The objectives of the country programme have taken into account the National Development Plan for 2002-2005, which prioritizes increasing access to basic education and primary health care and enhancing protection of vulnerable children. The programme, through an inter-agency coordinating committee on immunization and malaria, will collaborate with GAVI, WHO, the European Union, the United States Agency for International Development (USAID) and Rotary International, with UNICEF providing community-level training. Other partnerships will include the African Girls' Education Initiative and Education For All, with the NGO Forum for African Women's Educationalists, the Ministry of Education and the United Nations Population Fund (UNFPA). The IMCI will involve communities, government partners and WHO in mobilizing resources for increased investment in children. The realignment of the UNICEF programme cycle with those of the United Nations Development Programme and UNFPA has increased the potential for collaboration through the CCA and UNDAF.

Programme strategy

17. The thrust of the programme is to work with communities in building their capacities to care adequately for children and protect them from exploitation and violence. The programme will work with OCHA in conducting assessments and coordinating interventions to assist the most vulnerable populations, and continue to focus on IDPs through increased service delivery, effective child protection mechanisms and partnerships. All interventions will be guided and adapted as needed using the UNICEF contingency planning process as the basis for developing and targeting actions.

18. The national component of the programme will include service delivery, with a focus on immunization, and advocacy for the adoption of legislation and policies that focus on child protection. The programme will support regional peace-building efforts through the Organization of African Unity and the Economic Community of

West African States (ECOWAS), especially to assist women's peace initiatives. The community-based component of the programme will adopt an integrated approach to build upon partnerships and positive experiences from the Bong County microplanning process. The programme will build the capacities of community development committees and district and county teams to carry out assessment, analysis and action in support of children's rights. A communication strategy will be designed to ensure a voice for children and draw attention to their needs. This strategy will provide clear direction, identify and adapt to differing priorities and help synergize actions at the national and regional levels. The contingency plan contains two scenarios: (a) if the number of IDPs exceeds 120,000, UNICEF will reallocate resources to the areas of greatest need; or, (b) if the capital, Monrovia, is attacked, experience has shown that it will be feasible to support NGOs operating in IDP camps surrounding the city.

19. **Health and nutrition**. The programme will contribute to improved coverage of immunization and basic services with three projects focusing on immunization, maternal and child health and nutrition:

(a) The immunization "plus" project aims to achieve 60-per-cent immunization coverage for all antigens (from the current 39 per cent) for children under five years, and 50-per-cent coverage for tetanus toxoid (from the current 30 per cent) for women of child-bearing age, including IDPs, in every accessible county. It will contribute to polio eradication by ensuring that all children under five years are immunized twice through NIDs, including cross-border immunization;

(b) The maternal and child health project will provide technical assistance and supplies to Save the Children (United Kingdom) for maternal and reproductive health, to OXFAM for water and sanitation, and to local partners in selected communities and all IDP camps, supporting an integrated approach to health care including management of childhood illnesses and malaria control. The project will increase access to and utilization of quality reproductive health services, including prevention of sexually transmitted diseases and HIV/AIDS, to 30 per cent of women of child-bearing age in the selected communities and IDP camps. There will also be pilot activities for prevention of mother-to-child transmission of HIV in a limited number of service structures. The project will increase access to safe drinking water and adequate sanitation and improved hygiene from the current 31 to 40 per cent of the population in the selected communities;

(c) The maternal and child nutrition project, in its national component, will contribute to the country programme's mortality reduction targets, with the absolute numbers of target populations to be calculated and included in the master plan of operations. Specific activities aim to increase vitamin A coverage for children under five years and lactating women to 60 per cent nationwide and to increase availability of other essential micronutrients, including iron and folic acid, for specific target groups in selected communities. It will support sustained use of iodized salt. The project will increase the rate of exclusive breastfeeding to at least 60 per cent and introduce proper complementary feeding and promote growth monitoring in selected communities. To this end, the programme will provide supplies and technical assistance while Action Contre la Faim will enhance the capacity of caregivers.

20. **Early childhood development and basic education**. The programme will contribute to the development and implementation of a comprehensive ECD policy. It will increase access to basic education for children 6-12 years of age in selected

communities, paying special attention to girls, and support access of 20 per cent of children aged 3-6 years to integrated, community-based day-care centres for early stimulation and learning. The access to quality primary education project will increase the school enrolment and completion rates of girls aged 6-12 years by 10 per cent in the selected communities. It will increase achievement under the Monitoring of Learning Achievement programme from 42 to 52 per cent through an accelerated learning curriculum and life-skills education. It will enhance knowledge about HIV/AIDS prevention in schools in selected communities for children 6-12 years old. It will provide "schools in a box" and support host community schools to absorb children in IDP camps.

21. **Child protection and participation**. The programme, through four projects, will promote "child-friendly" spaces as the entry point for integrated services in IDP camps, aimed at increasing the visibility of children, promoting integration and monitoring of service quality. The services will include recreational "corners" for children of different age levels, offering games, literacy and numeracy classes, ECD training and trauma relief. The programme will support family tracing and reunification as well as advocacy against sexual abuse and violence among children and youth. To address sexual exploitation of children in the camps, the programme will provide technical assistance and take the lead in the implementation of the joint United Nations action plan. It will reintegrate 5,000 former child soldiers and "rebel wives" (sex slaves) through life skills as well as vocational training.

22. The legislation and protection services project, in partnership with Save the Children (United Kingdom), will establish a child observatory composed of child rights advocates, including local NGOs, to review and take up cases of child abuse with the Government. It will assist the Government to harmonize laws with the Convention on the Rights of the Child. The participation project will expand partnerships in communities and build the capacity of children and young persons. The HIV/AIDS prevention project will target 50 per cent of 13-20-year-olds to increase awareness in selected communities. Parent-teacher associations and women's and religious groups in selected communities will be sensitized and trained and receive supplies to support orphans. The programme communication project will support all programmes in the achievement of objectives at the national level and in the selected communities. It will specifically focus on the areas of HIV/AIDS, immunization, malaria, parental education, child abuse and exploitation. It will build alliances with existing community groups and other partners to promote the rights of children and women. It will promote positive behavioural change among at least 30 per cent of the targeted beneficiaries through a research-based communication strategy and campaigns utilizing community structures and processes.

23. **Planning, monitoring and evaluation**. The programme will link with the other programmes in promoting the development of supportive policies, programme planning and monitoring methods adapted to the conflict environment. The programme will support the use of such appropriate database software as ChildInfo and geographical information system mapping to build local profiles. It will ensure emergency preparedness and coordinate contingency planning.

24. Cross-sectoral costs will cover administrative, financial, supply and logistics support and provide resources for media coverage.

Monitoring and evaluation

25. The integrated monitoring and evaluation plan will establish indicators for measuring achievements, and will rely largely on community-based, participatory data-collection systems. A multiple indicator cluster survey will be implemented. A national population census will be supported through the UNDAF to ensure measurement of child-focused indicators. Indicators on child protection will be designed to improve monitoring in this area.

Collaboration with partners

26. Sectoral inter-agency emergency groups will ensure preparedness, greater resource allocation and accountability. The purpose of these sectoral groups is to agree on responsibilities, prevent duplication of efforts and fill gaps. UNICEF will lead the sectoral groups on health and nutrition, protection and water and sanitation. Within the UNDAF, UNICEF will continue to chair the theme group on gender and contribute to the joint implementation of child-focused activities. The programme will strengthen partnerships with WHO; USAID (on immunization, HIV/AIDS and malaria); UNFPA (on reproductive health, HIV/AIDS and life skills); the Food and Agricultural Organization of the United Nations and the World Food Programme (WFP)(on community-based activities); WFP (on education); and the Mano River Women's Peace Network, ECOWAS and civil society groups (on peace building). Should the situation worsen, the programme will seek international support through the Consolidated Appeal Process and realign its interventions with the country's contingency plan.

Programme management

27. The Ministry of Planning and Economic Affairs will head a technical committee composed of focal points from the Ministries of Health and Social Welfare, Education, Internal Affairs, Gender and Development, Information, Youth and Sports, Rural Development, and Justice. The technical committee will coordinate and monitor programme implementation. Multisectoral teams will provide technical assistance to community development committees, which will manage programme implementation at the village level. The programme will coordinate and support NGOs at the community level.

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : LIBERIA
PROGRAMME:2003-2005

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
HEALTH AND NUTRITION	1,590,000		1,590,000	0	0	0	0	1	0	1	1	0	2	446,409	104,598	551,007
EARLY CHILDHOOD CARE & BASIC ED.	1,050,000		1,050,000	0	0	0	0	1	0	1	2	0	3	446,409	186,472	632,881
CHILD PROTECTION & PARTICIPATION	990,000		990,000	0	0	0	0	1	0	1	1	0	2	304,888	93,236	398,124
PLANNING, MONITORING & EVAL.	420,000		420,000	0	0	0	0	0	0	0	1	0	1	0	104,598	104,598
CROSS-SECTORAL COSTS	391,000		391,000	0	0	0	0	0	0	0	1	6	7	0	310,699	310,699
TOTAL RR	4,441,000		4,441,000	0	0	0	0	3	0	3	6	6	15	1,197,706	799,603	1,997,309
OTHER RESOURCES :																
HEALTH AND NUTRITION		4,200,000	4,200,000	0	0	0	0	1	0	1	4	2	7	446,409	495,259	941,668
EARLY CHILDHOOD CARE & BASIC ED.		2,850,000	2,850,000	0	0	0	0	0	0	0	0	2	2	0	95,152	95,152
CHILD PROTECTION & PARTICIPATION		3,480,000	3,480,000	0	0	0	0	0	0	0	0	2	2	141,521	112,658	254,179
PLANNING, MONITORING & EVAL.		180,000	180,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS		990,000	990,000	0	0	0	0	1	0	1	0	6	7	446,409	163,173	609,582
TOTAL OR		11,700,000	11,700,000	0	0	0	0	2	0	2	4	12	18	1,034,339	866,242	1,900,581
TOTAL RR & OR	4,441,000	11,700,000	16,141,000	0	0	0	0	5	0	5	10	18	33	2,232,045	1,665,845	3,897,890
SUPPORT BUDGET	Operating costs		1,491,326													
	Staffing			0	0	1	1	2	0	4	1	11	16	2,079,806	681,377	2,761,183
GRAND TOTAL (RR + OR + SB)				0	0	1	1	7	0	9	11	29	49	4,311,851	2,347,222	6,659,073
Number of posts and staff costs:																
Current programme cycle										8	8	27	43			
At the end of proposed programme cycle (indicative only)										9	11	29	49	4,311,851	2,347,222	6,659,073

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

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For action

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Item 3 of the provisional agenda*

Recommendation for funding from other resources without a recommendation for funding from regular resources**

PROANDES subregional programme

Summary

The present document contains a recommendation for funding from other resources for which no recommendation for funding from regular resources is requested. The programme proposal submitted here is aimed at expanding or complementing an ongoing programme. The Executive Director *recommends* that the Executive Board approve funding from other resources in the amount of $29,863,000 for the subregional programme for the Andean region (*Programa de la region Andina*) (PROANDES) for the period 2003-2007, subject to the availability of specific-purpose contributions.

* E/ICEF/2002/11.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 2001. They will be contained in the summary of recommendations for regular and other resources programmes for 2002 (E/ICEF/2002/P/L.36).

02-46742 (E) 020802

The situation of children and women

1. The Andean subregion comprises areas of Bolivia, Colombia, Ecuador, Peru and Venezuela. The Andean population is a mix of *mestizo*, indigenous (primarily Quecha and Aymara) and afro-latino peoples numbering approximately 113 million (according to the *Comunidad Andina de Naciones*), of whom 40 per cent are children and adolescents. The subregion is highly urbanized with a large proportion of the inhabitants living in intermediate-sized cities that have an industrial base. In contrast, indigenous and afro-latino populations make up the majority of the inhabitants in rural areas, where subsistence economies still predominate. The entire Andean subregion is prone to recurrent natural disasters including floods and droughts associated with the *El Niño* oceanic pattern, rainy season floods, volcanic eruptions and earthquakes. Poor people in high-risk areas are most vulnerable to these disasters.

2. Poverty is widespread. In Bolivia, 50 per cent of the urban population and 81 per cent of the rural Andean population live below the poverty line. In Peru, the rural Andes record the highest levels of poverty nationally with 74 per cent of the children living in poverty and 37 per cent considered extremely poor. Colombia, Ecuador and Venezuela have similar statistics. This situation is the result of a highly skewed distribution of income; 10 per cent of the richest households have more than 30 per cent of the subregion's total income but 40 per cent of the poorest households have only 9 per cent of income.

3. The people most affected by poverty are the indigenous and afro-latino populations, whose elevated poverty levels reflect a situation of social exclusion that is characteristic of the Andean region. Discrimination against these ethnic groups is deeply rooted in historical events over the last five centuries. The globalization process and population movements within the subregion pose new challenges to the cultural identity and traditions of native communities.

4. Poverty, inequality, ethnic discrimination and vulnerability to disasters result in social exclusion, affecting in many instances children and women. Problems include the low coverage of quality health care which impedes women's access to prenatal care and limit the identification of high-risk pregnancies. In Colombia's rural Andean areas, for example, approximately 20 per cent of the population do not receive prenatal care, compared to 7 per cent in urban centres. As a result, maternal mortality rates are high throughout the subregion, reaching 390 per 100,000 live births in Bolivia and jumping in some highland indigenous communities to 900. Infant mortality rates are close to 32 per 1,000 live births, and under-five mortality rates are estimated at 39 per 1,000 live births. The major causes of infant mortality continue to be preventable childhood diseases. Low birth weight affects approximately 10 per cent of the Andean subregion, with Ecuador recording the highest levels, at 13 per cent.

5. National policy responses to this situation have been limited. Successes include the major expansion of social services in Bolivia during the 1990s and the expansion of rural health services in Peru. In general, however, fiscal crises have limited the expansion and quality of other social services. Throughout the Andean region, there are few early childhood programmes; e.g., only one in ten Ecuadorian children below the age of six years has access to pre-school education and day-care centres, although the *Wawa Wasi* programme in Peru is an outstanding exception.

Cultural beliefs and poverty-induced stress also harm the home environment. Data on the extent of abuse are rare, but indicative figures recorded 70,000 cases in Colombia in 1999. It is estimated that 38 per cent of children suffer different levels of abuses at home. Services to help the abused are weak or non-existent.

6. Quality primary education is often limited by the low levels of teachers' professional preparation (often just five years of schooling), deficient infrastructure and the curriculum's cultural insensitivity towards the multi-ethnic population of the Andean subregion. In addition, many rural schools do not offer complete primary schooling. As a result, the school failure rate (drop-out plus repetition) continues to be high. Other reasons for high desertion levels include economic barriers and high child labour rates, including involvement in illegal and dangerous activities. In Peru, 50 per cent of the children not in school are working to help support their families.

7. Andean States are trying to strengthen service delivery and effective governance through nascent decentralization processes. Municipalities, however, need technical and financial strengthening before they can implement social policy effectively. Citizens' participation must be encouraged to foster demand for social programmes and policies, promote broad participation in decision-making and monitor the performance of the public sector and society in meeting the rights of children.

Lessons learned from past cooperation

8. The subregional programme for the Andean region (*Programa de la region Andina* (PROANDES)) for 1998-2002 has seen an evolution in its main intervention strategies. UNICEF-supported interventions originally focused on addressing poverty through delivery of basic social services, which achieved important results in providing innovative services to neglected urban and rural communities. For example, Peru's day-care centre programme for predominately indigenous communities (*Wawa Wasi*) offers community-based, child growth and development programmes for children below three years of age. The programme currently reaches 150,000 children and is being expanded nationally with public funding and a loan from the Inter-American Development Bank. Another good example is the local development activities supported by UNICEF in Zulia, Venezuela, which focused on technical support to local governments and helped to reduce under-five mortality due to diarrhoea by more than 54 per cent in the target municipalities through the creation of community-managed oral rehydration units. In Bolivia, PROANDES contributed directly to the expansion of social services, mainly access to safe water. While only 5 per cent of the target population had access to drinkable water in 1989, by 2001 this had increased to 76 per cent.

9. An important common achievement in all countries has been the multicultural, multilingual approach to education and health programmes. Incorporating Andean cultural traditions into service delivery has facilitated access or use by populations that previously were underserved or not served at all. PROANDES has worked with health-care professionals and teachers to change racially demeaning attitudes while simultaneously researching ethnic traditions that can improve and compliment externally suggested approaches. For example, in Bolivia, the intercultural bilingual education programme piloted with the Ministry of Education has now been fully mainstreamed into the primary education system.

10. Prevention of family violence and child abuse has also been another main intervention area. Training activities have strengthened the institutional capacity of the judicial system and police forces to respond more adequately to cases of family violence. Efforts to create new institutions have successfully fostered community involvement in the establishment of local councils within the framework of new national legislation to comply with the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women.

11. Over time, UNICEF and its partners recognized the need to address the structural causes of exclusion and not simply its manifestations. Countries like Colombia and Ecuador developed an integrated rights-based approach to strengthen institutional responses. The key strategy has been raising awareness and training a critical mass of local officials and authorities in local government programming with a rights-based perspective. These processes have proven to be a powerful tool in encouraging local governments to implement plans of action for children, as part of broader development plans. As a result of the decentralization process under way in Bolivia, for example, the Government has begun to transfer more responsibilities, decision-making power and financial resources to local governments, which has significantly increased the operating and investment budgets of traditionally poor municipal governments. In turn, the Bolivia PROANDES programme has had to move from traditional service delivery towards capacity-building to help prepare the municipalities to meet their new responsibilities.

12. Strengthening the social demand for services has become a critical PROANDES strategy. In Ecuador, UNICEF supported the concept of social monitoring (*vigilancia ciudadana*), which promotes social participation in strategic planning, allocation, monitoring and evaluation of the use of resources. Activities were geared towards integrating the demand for and supply of social services, and towards accountability for the success or failure of activities. This approach to participation moves away from a limited conception of community participation in which communities are not directly involved in the process of prioritizing or monitoring the use of public funds. The lesson has been that integrating social monitoring and governmental accountability heightens democratic participation which ultimately strengthens local governments.

13. Operationally, UNICEF and its national counterparts increasingly have realized the added value of coordinating cross-country initiatives. Benefits have been the better use of financial and human resources; more timely and appropriate technical support and horizontal cooperation; and improved bridging between countries and specific project development. The upcoming phase of the programme will build on this interest in cross-county collaboration.

Recommended programme cooperation, 2003-2007

Programme preparation process

14. This fourth phase of PROANDES was prepared on the basis of the conclusions of the programme review held in 2001, which presented information on the impact of each country programme and recommended the continuation of PROANDES for a next phase. A subregional strategy meeting in February 2002 validated the main themes and discussed the content of the subregional component. The individual

country components were designed together with counterparts and in each case, are fully integrated into the country programme priorities.

Programme goals and strategic objectives

15. For the next decade, the long-term goal for UNICEF cooperation in the Andean subregion is to overcome social exclusion which prevents children and women from realizing their rights. The programme aims to help ensure that: (a) all children enjoy a good start in life; (b) all children, regardless of ethnicity or gender, acquire the attitudes, knowledge and skills needed in order to develop their full potential through basic education; and (c) all children and women are protected from violence, abuse and exploitation. The specific objectives are that: (a) at least 50 per cent of all children below the age of six years have access to the multiple components of integrated early childhood development (IECD) and/or improved family child-rearing capacities; (b) all women have safe motherhood; (c) at least 60 per cent of school-age children have access to intercultural basic education of good quality, including the reduction or elimination of gender disparities; and (d) all women and children have access to local institutional mechanisms which defend them against exploitation and abuse. These objectives will be adapted as needed within the context of each participating country.

Programme strategy

16. The programme will utilize four main strategies: (a) advocacy and promotion of fiscal responsibility (adequate public investment in children) and transparency; (b) strengthening national and local government capacities for the universal provision of basic social services, while fostering family and community participation; (c) formulating nation-wide inclusive social policies; and (d) incorporating an intercultural approach in the provision of social services.

Programme components

17. There will be four programme components: (a) IECD, focusing on safe motherhood, birth registration, micronutrient provision, immunization, safe water and sanitation and family child-care practices; (b) basic education, focusing on access to intercultural basic education of good quality and literacy programmes for women; (c) special protection, focusing on the creation and improvement of local protection institutions, and the training of local authorities in adequate responses to abuse, violence, child labour and children affected by armed conflict; and (d) intercultural public policies and municipal institution-building, with a focus on reducing disparities between the indigenous and non-indigenous populations.

18. These components fit especially well with the IECD, protection and education elements of the UNICEF medium-term strategic plan. They are also consistent with the common development goals defined by the United Nation country teams in each of the five Andean countries. United Nations agencies will be important partners in national component.

Bolivia

19. PROANDES will work with the approximately 350,000 inhabitants of 26 Andean municipalities to implement the following objectives: (a) ensure the complete development of the capacities of at least 60 per cent of children under four years and their access to integrated services of health, nutrition and early stimulation, and foster children and women's health and nutrition with a focus on immunization, vitamin A consumption and HIV/AIDS prevention; (b) ensure access to and permanence of intercultural bilingual education up to the fifth grade for at least 90 per cent of school-aged children, with a focus on indigenous girls, prevent violence in schools, and promote literacy and general civic rights of young indigenous women; (c) improve environmental conditions and access to safe water, sanitation and hygiene services, emphasizing participation and community management, and develop municipal and community capacities to respond to natural disasters; (d) ensure that rights protection groups and services focus on vulnerable groups (orphans, disabled children, children in conflict with the law and street children), promote universal birth registration for new-borns and the 70,000 older children who lack them, and foster the active participation of children and women within local decision-making bodies; and (e) strengthen municipal and community management capacities in social investment for children, women and indigenous peoples. The main counterparts will be the Ministries of Sustainable Development and Planning, of Peasant Affairs and Indigenous Peoples and of Dwelling and Basic Services, as well as prefectures, municipalities, peasants' unions, community federations, non-governmental organizations (NGOs) and universities.

Peru

20. PROANDES will work to ensure that: (a) 30 per cent of children and adolescents in selected rural and peri-urban communities have access to quality services for conflict prevention and resolution and to adequate assistance when their rights are affected; (b) 60 per cent of children under three years of age and pregnant women in 1,000 selected communities fully realize their rights to health, hygiene, growth and development; and (c) the children and adolescents of 1,000 poor and indigenous communities realize an equitable and culturally sensitive quality basic education, with a particular emphasis on improving the access and retention of girls. PROANDES will be monitored closely by an inter-institutional coordinating committee that includes the Ministries of Health and Education, the Secretary of International Cooperation of the Presidency's Office and the Ministry for Women and Human Development. At the subnational level, counterparts will include the multi-organizational roundtables for the Struggle Against Poverty (*Mesas de Lucha contra la Pobreza*), local government, NGOs and community-based organizations.

Ecuador

21. PROANDES will focus on four components in Ecuador. The component on public policies and decentralization of basic social services will support participatory municipal budgeting, using participatory planning processes and the implementation of local information systems to monitor the situation of children and women. It will also help to develop a proposal for the decentralization of social

services, with the participation of national, provincial and municipal authorities. The basic education component will provide training and educational materials to single-teacher schools, mobilize local communities to ensure that all children remain in school until their basic education is completed, and strengthen intercultural bilingual education. The IECD component will facilitate the decentralized implementation of the Free Motherhood Law, which guarantees free medical attention for all pregnant women and their children under age five; the implementation of nutrition and micronutrient programmes; and the formulation and implementation of master plans for water and sanitation. The special protection component will help to create local councils and boards to monitor respect for children's rights at the local level, while mobilizing communities through local media campaigns against domestic abuse and violence. PROANDES will be implemented in 11 counties in six provinces with the support of local authorities, the national association of municipalities, the Ministries of Health, Education and Social Welfare, NGOs and some universities.

Colombia

22. In Colombia, PROANDES focus on: (a) public policies and inclusive social plans guaranteeing a good start in life; (b) public policies guaranteeing health and nutrition services of good quality for women; (c) improved school sanitary facilities; (d) the universal enrolment and retention of children in school; (e) increased and improved pre-school education; (f) intensifying adequate child-rearing practices within families; (g) culturally sensitive and bilingual education with indigenous groups; and (h) promoting a culture of non-discrimination and non-violent social practices towards children and adolescents. UNICEF will work with the Colombian Institute of Family Welfare (*Instituto Colombiana de Bienestar Familiar*), the governmental institution responsible for the implementation of public policies for children; the Ministries of Health, Education, Development, and Environment; municipalities governed by indigenous groups, NGOs; and universities.

Venezuela

23. PROANDES will work towards: (a) the modification and expansion of IECD services that take into account the cultural complexity of the ethnic communities, and stress the role of both parents in child care within broader family and community participation; (b) increasing the enrolment of indigenous children in pre-school education; (c) improving the quality of basic education through intercultural approaches; and (d) further legislative reform to guarantee children and women's rights at the local level. The interventions will focus on the State of Zulia and will be supported by municipalities, the Governor's Office, the Archdioceses of Maracaibo, the Organization of Indigenous Peoples of Zulia and the network of indigenous women, Wayuu. At the national level, cooperation will be sought from social sector ministries, the National Indian Council of Venezuela, the National Institute of Statistics and the indigenous members of the National Assembly.

Subregional component

24. A subregional component has been designed to strengthen country-level interventions and to assist in the expansion and sustainability of their overall impact. It includes: (a) advocacy and representation with regional and multilateral organizations; (b) data collection, analysis and studies on child-rearing practices, family capacities and the situation of children and women; (c) systemization and dissemination of best practices and lessons learned; (d) support to planning and review processes involving multiple countries; and (e) resource mobilization and donor reporting. This component will be managed from the regional office in close collaboration with the country offices.

Monitoring and evaluation

25. Each country has already developed indicators to monitor the impact and implementation of the programme. An annual national review will provide feedback for the assessment of the relevance of certain activities and/or strategies. Annual subregional meetings will facilitate the exchange of lessons learned and best practices.

Programme management

26. PROANDES efforts are already integrated into the individual country programmes, normally as a project or programme managed by one or more project officers. Larger programs may be based in a sub-office and have multiple staff. Cross-sectoral functions like monitoring and evaluation and the technical expertise of other programme staff will also support PROANDES. An officer based in the regional office will manage the subregional component of PROANDES, in addition to the Amazon subregional programme, as a way to increase the learning of lessons from similar programmes.

27. The average annual support to PROANDES in 1998-2001 was $5 million. The present proposal estimates that an average annual amount of $6 million is attainable.

Estimated annual expenditure
(In thousands of United States dollars)

Country	*2003*	*2004*	*2005*	*2006*	*2007*	*Total*
Bolivia	2 600	2 600	2 400	2 200	2 200	12 000
Colombia	1 000	1 000	1 000	1 000	1 000	5 000
Ecuador	750	750	750	750	750	3 750
Peru	984	1 444	1 707	1 444	984	6 563
Venezuela	250	250	300	300	300	1 400
Subregional	210	220	230	240	250	1 150
Total	**5 794**	**6 264**	**6 387**	**5 934**	**5 484**	**29 863**

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Recommendation for funding from other resources without a recommendation for funding from regular resources**

Amazon subregional programme

Summary

The present document contains a recommendation for funding from other resources for which no recommendation for funding from regular resources is requested for the Amazon subregional programme. The Executive Director *recommends* that the Executive Board approve funding from other resources in the amount of $18,875,000, subject to the availability of specific-purpose contributions, for the period 2003 to 2007.

* E/ICEF/2002/11.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 2001. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2002 (E/ICEF/2002/P/L.36).

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The situation of women and children

1. The Amazon Basin contains portions of Brazil, Bolivia, Colombia, Ecuador, Guyana, Paraguay, Peru, Suriname and Venezuela within its over 7 million square kilometres. It contains 20 per cent of all the planet's fresh water and a large percentage of its biodiversity, although the exploitation of its natural resources is resulting in irreparable environmental destruction. The population of the basin is about 22 million, of whom some 9 million are children and 10 per cent belong to over 400 indigenous groups. Migration within and between countries in the last two decades has doubled the rural and tripled the urban populations.

2. Despite its environmental and cultural wealth, the Amazon has some of the worst social exclusion in the continent. Widespread poverty indicates unequal access to regional wealth despite the riches in the basin; 91 per cent of Suriname's hinterland dwellers live below the poverty line, as do 80 per cent in the Bolivian and Guyanese Amazon, 67 per cent in the Brazilian Amazon and over 50 per cent in Colombia. The presence of the State in this subregion is typically scant, local governments are unprepared for decentralization and the participation of civil society is weak.

3. Children's rights to name and nationality are often unmet. Brazilian Amazon child registration varies between 45 and 79 per cent by state. In Colombia, more than 35 per cent of the indigenous population are unregistered and 79 per cent of Ecuadorian and 30-40 per cent of Peruvian Amazonian children under five years of age lack a birth certificate.

4. Quality health care in the Amazon is a major challenge. Rates of prenatal care, institutional births and skilled attendance at birth are low. As a result, maternal mortality rates (MMR) are always much higher than the national average, and in the extreme case of indigenous women in Paraguay, the MMR is nearly four times the national average (519 versus 132 per 100,000 live births). Likewise, infant mortality rates (IMR) and under-five mortality rates are always higher than the national figures. The IMR for Peru's indigenous groups ranges from 112 to 150 per 1,000 live births (1996), compared to the national average of 43. Acute respiratory infections, diarrhoea, measles, malaria and malnutrition are major causes of mortality and morbidity. These risks have numerous underlying causes, including the lack of potable water and sanitation systems, poor household food security and low immunization coverage. Less than 50 per cent of one-year olds in the Colombian, Venezuelan, Peruvian, Ecuadorian and Bolivian Amazon have been fully immunized. Mining and other extractive economies pollute nearby water sources, so 40 per cent of urban Brazilian Amazon areas lack access to treated water and only 9 per cent are connected to a sewerage system. Outside of Africa, the Amazon has the highest incidence of malaria in the world. Chronic malnutrition in Bolivia, Colombia, Ecuador and Venezuela rises to 30 per cent and higher in the Amazon and is caused by a complex mix of early and multiple pregnancies, a short exclusive breastfeeding period and inadequate infant feeding practices.

5. Integrated early childhood development (IECD) programmes are almost non-existent. Services for children 0-3 years are normally restricted to preventive interventions and curative care. Structured early childhood development (ECD) programmes focusing on psychosocial development are extremely limited; in Ecuador, ECD centres for children under five years reach just 7 per cent of the

Amazon population. Support to increasing family capacities for improved child care is absent or often is not based on existing culturally based practices.

6. The poor quality and coverage of primary education are evident in low enrolment, high failure rates and illiteracy. Fully 46 per cent of Colombia's Amazon school-aged children do not have access to school; 53 per cent of Ecuador's Amazon schools are managed by a single teacher; and in the Suriname Amazon, only 30 per cent of 4-5-year olds and 43 per cent of 6-10-year olds are enrolled. Where there are gender differences, girls typically fare worse even at these low enrolment rates. The very high 93-per-cent enrolment rate for 7-14 year-old Brazilians in the Amazon is compromised by high repetition (29 per cent), desertion (17 per cent) and age/grade distortions (55 per cent). In most countries, the school curriculum normally is not based on intercultural education encompassing such issues as cultural diversity and respect, or the right to learn in the mother tongue. This promotes further exclusion, which is closely linked to ethnic and linguistic discrimination.

Programme cooperation, 1997-2002

7. The 1997-2002 Amazon subregional programme had an overall goal to reduce social disparities and improve human development indicators in the region through four major strategies: advocacy to place child rights on the national and regional political agenda; local institutional strengthening to improve implementation of social development processes; community participation to foster social control; and specific health and education interventions to improve quality and coverage. The public policy element has had successes in several nations. Bolivia worked to ensure that national laws were implemented at the local level. The Guyanese Amerindian Affairs Ministry and the Regional Democratic Councils influenced social policy at all levels, while Brazil worked to ensure that national child rights statutes were amply diffused and incorporated into regional and local public policy. In 1997, Venezuela began a pilot local information project to strengthen public policy management and decision-making that has since been adopted nationwide.

8. In frequent alliance with local non-governmental organizations (NGOs), churches and local governments, a rights-based approach has grown and subnational administrative capacities have been strengthened through training in local planning, budgeting, implementation, monitoring and evaluation. Brazil invested heavily in training child defence counsellors, judges, prosecutors and others in the legal defence centres. Peru supported the training and staffing of civil registrars in 178 indigenous communities who have, among others, organized birth registration campaigns in each community. Strengthening social capital through community participation was a key strategy. Colombia trained community leaders for rights promotion and was successful in creating networks to improve community capacities to demand rights while generating local solutions. Guyanese community mobilization has been a key component in the success of community water and environmental sanitation (WES) projects, and the Water and Housing Ministry has recently considered this strategy for replication. In Paraguay, UNICEF cooperated with indigenous communities to increase the coverage of potable water and to ensure the use and maintenance of WES systems.

9. In education, Bolivia, Peru, Guyana and Venezuela focused on designing intercultural educational methodologies and bilingual materials. In Venezuela,

indigenous peoples became the principal definers of their educational programme. Bolivia piloted a component on education for environmental conservation and sustainable development, which was adopted as part of the national education reform. In Guyana, the educational model Escuela Nueva (New School) was introduced to the Amazon areas and the Government has committed to take it to scale. The Peru Amazon programme produced educational materials in four different ethnic languages and trained indigenous teachers and leaders. Similarly, Suriname addressed a shortage of trained teachers in the interior by improving the skills of 250 teachers already working there.

Lessons learned

10. Given the vast distances and heterogeneous population, careful local adaptation of strategies is required for sustainable advances. The strength of UNICEF has been its ability to incorporate cultural dimensions into programme design and implementation. However, sustainability depends on more than strengthened service systems. It requires both heightened demand and supply, while raising national awareness of the need for increased social spending in the Amazon. Likewise, high levels of involvement by community stakeholders are imperative to ensure appropriateness and sustainability. Community involvement follows true decentralization supported by the training of and technical assistance to departmental and municipal government staff. Key intermediate outputs in effective decentralization are municipal development plans with a child rights perspective and increased public investments. On the negative side, the constant change of managers and technicians aggravates institutional weaknesses and affects sustainability and institutional learning.

11. Accessing reliable and representative social data in the region continues to be difficult. Without this information, the Amazon's social realities remain hidden within national averages, making it hard for decision makers to accurately target public resources towards regional disparities. The design and application of suitable information systems is critical for the region. Socially sensitive information systems would help to increase the recognition of indigenous rights, gender equity abuses and geographic disparities.

12. Although absent in the present phase, Paraguay should join the Amazon programme. Paraguay is peripheral to the Amazon basin but shares three fundamental characteristics with the Amazon region: its environmental biodiversity, cultural heterogeneity and a situation of poverty mostly associated with rural and indigenous populations. In addition, the programme profile of Paraguay is consistent with the other country programmes, which increases the chance for strong inter-State cooperation and learning.

Recommended programme cooperation 2003-2007

Programme preparation process

13. This phase of the Amazon subregional programme was prepared on the basis of the conclusions derived from the 2001 mid-cycle review and subsequent strategy meetings at subregional level and within each country. The individual country

components were designed together with counterparts. The correspondence with national priorities has been determined and in each case the Amazon programming is fully integrated into the country programme. Planning of the Amazon component was incorporated in the four country programmes developed in 2001, the two doing so in 2002 and the one mid-term review held in 2001.

Programme goals and objectives

14. The overall goal of the Amazon programme is to ensure that Governments and societies are progressively fulfilling children's rights to a good start to life and quality, basic intercultural education for all. The future of Amazon children and ensuing generations depends on their access to sustainable development in a multicultural region. IECD and basic education have been identified as priority areas. Both are consistent with the UNICEF medium-term strategic plan and other global commitments. An additional information-based component is needed to raise awareness of Amazonian issues. Within the project areas and in support of government and societal goals established in the country programmes, the components' objectives are described below.

15. **Integrated early childhood development**. The objectives are to: (a) improve appropriate, culturally sensitive practices favouring safe motherhood and ECD in family and community settings, especially for children 0-3 years; (b) formulate and implement culturally sensitive, integrated safe motherhood and ECD policies at regional and local level to improve the quality of and access to services for children aged 0-6 years; (c) achieve universal registration of children under one year as well as those under the age of six years who are not registered; (d) realize healthy environmental practices to reduce such risks to survival as malaria and acute diarrhoeal diseases; and (e) minimize child rights abuses through preventive family and community strategies.

16. **Quality basic, intercultural education**. The objectives are to: (a) increase access to and timely completion of primary education with improved learning achievement; (b) achieve a quality education including culturally appropriate curricula, life skills for multicultural societies, gender equity and skills for sustainable environmental management; and (c) reduce and, where possible, eliminate such abuses as child labour and sexual exploitation that are evil in and of themselves and also threaten the right to basic education.

17. **Information**. The objectives are to: (a) monitor and disseminate information on the situation of Amazon children and their families based on appropriate indicators and functional information systems; (b) base programme design and advocacy on qualitative sociological and cultural information; (c) produce analyses of such sensitive issues as violence, public finance and international lending, and natural resource exhaustion; (d) generate policy recommendations that safeguard the best interests of children and their families; and (e) sensitize regional and subregional organizations about Amazonian children's issues.

Programme strategy

18. The programme contemplates two strategy levels, the first and largest being efforts by country programmes that are executed with national counterparts and

respond to national specificities. Common strategies seen in many countries will include: (a) articulating policies to ensure coordinated efforts that foster inclusion and equity, with emphasis on information, education, communication and intercultural education; (b) helping local governments to strengthen their capacities for decentralized administration of basic social services and increased spending for children; (c) empowering local, regional and national organizations, networks and families to increase social demand and vigilance for the rights of children, women and indigenous peoples; and (d) implementing culturally based information campaigns to raise awareness of and promote a culture of respect for children and women's rights.

19. There is an added value to a subregional component that facilitates support and maintains a multi-country mechanism to sustain technical and information exchanges between countries. Initiatives better managed as common multi-country efforts can also be arranged regionally. These will include advocacy efforts and may extend, if countries desire it, to joint national programming for such issues as birth registration campaigns in indigenous languages where collective efforts are cost- and impact-effective.

Bolivia

20. The Bolivia programme will benefit an estimated 500,000 indigenous and low-income urban residents in 24 municipalities in Beni, Pando and Santa Cruz departments to implement the following components and objectives:

(a) **ECD and community health**: (i) ensure the complete development of the capacities of at least 25 per cent of children under four years of age and their access to integrated services for health, nutrition and early stimulation; and (ii) foster children's and women's health and nutrition through immunization, vitamin A supplementation and HIV/AIDS prevention;

(b) **Intercultural education**: (i) ensure access to and permanence of intercultural bilingual education, up to the fifth grade, of at least 90 per cent of school-aged children, with a focus on indigenous girls; and (ii) increase the literacy rates of young indigenous women and more generally the respect for their civic rights;

(c) **Water, sanitation and environmental care**: (i) improve environmental conditions and access to safe water, sanitation and hygiene services, emphasizing participation and community management; and (ii) improve municipal and community capacities to face up to natural disasters;

(d) **Protection of children's, women's and indigenous peoples' rights**: (i) ensure that the rights or especially vulnerable groups are respected, especially orphans, the disabled, children in conflict with the law and street children, (ii) ensure universal registration of new-borns and registration of the 50,000 older children presently not registered; and (iii) foster the active participation of children and women within local decision-making bodies;

(e) **Municipal and community strengthening**: (i) strengthen municipal and community management capacities in social investment; and (ii) increase community demand and social oversight of municipal functioning.

21. Partners will include the Ministry of Peasants and Indigenous Peoples Affairs, municipalities and representing organizations, specialized NGOs, universities, indigenous organizations and sister United Nations agencies.

Brazil

22. Given that Brazil's Amazon region is larger than Western Europe, the programme, through the Belem Zonal Office, will complement federal programmes by assuring that public resources are known, used and delivered by municipal and state governments, especially to poor and more vulnerable communities. For ECD, the objectives are to: (a) develop family and community competencies through pilot projects in poor urban areas; (b) identify, assess and disseminate good child-rearing practices among indigenous peoples; (c) orient technicians on the latest thinking on IECD, particularly in the Indigenous Health Districts; (d) strengthen community-based "Roll Back Malaria" strategies through action-oriented research projects; (e) contribute to universal birth registration by researching and reducing non-formal barriers; (f) increase the understanding of indigenous organizations about their rights under national law and the Convention on the Rights of the Child and how to exercise influence; and (g) initiate or improve networks among Amazonian states to exchange experiences. As part of the National Programme of Education for Inclusion, the programme will: (a) profile children who are out of school and formulate, with community participation, state and municipal education plans for their inclusion; (b) innovate activities that encourage school enrolment and retention, including after-school activities; (c) implement municipal programmes for participatory management of school resources; and (d) ensure that innovations in curriculum structure, teacher training and professional growth, and teaching materials are disseminated for emulation elsewhere.

Colombia

23. The Colombian Amazon programme is designed to: (a) assist mestizo, indigenous and Afro-Colombian communities by strengthening institutional capacities and decentralized administration of municipal governments in basic social services; (b) advocate for increased local public spending; (c) empower families and children to raise awareness of and promote a culture of respect for human rights; and (d) help formulate public policies that foster inclusion and equity. In particular, activities will support health policies and maternal and child nutrition with quality standards; promote reproductive health; gather information on the situation of children through community information systems; support community and social mobilization strategies to increase birth registration; increase access to and completion of the expanded programme on immunization; reduce the risks of child morbidity and mortality through education on health and sanitation; develop improved sanitary infrastructure in schools; ensure the effective inclusion, permanence and success of children in school through "child-friendly strategies"; and develop educational models and curricula that are culturally sensitive. UNICEF will work with centralized and decentralized state institutions in the health and education sectors, local mayors' offices, the Colombian Family Welfare Institute, indigenous organizations, the Pan American Health Organization (PAHO)/World

Health Organization (WHO) and the United Nations Population Fund (UNFPA) in particular.

Ecuador

24. The Ecuador programme will expand its activities to eight cantons in six provinces of the Amazon region. At the national level, its main strategies include public advocacy, communication and social mobilization, and institutional strengthening and coordination. At the local level, they include strengthening information channels, community participation in decision-making processes and improving local human resources. Activities will aim to promote public policies that aim to universalize basic social services; strengthen institutional capacities to supply basic social services and ECD programmes; and promote the inclusion of all children in basic education programmes. Partners in these endeavours include government ministries, the church, local NGOs, other United Nations agencies and regional and local indigenous organizations.

Guyana

25. The Guyana Amazon programme will work in the four regions where the majority of 50,000 indigenous people live, with the greatest focus on access to good quality education. The goal is ensuring that 75 per cent of children up to 12 years of age in these areas are able to begin life with a good start and complete a good-quality basic education. Strategies will continue to focus on establishing Escuela Nueva primary schools in two of these regions and to work with the Education Ministry to expand this methodology. Key elements include: "child-friendly" schools; cooperative learning; teacher, pupil and parent participation; integrated community strategies combining parent education, school and community health and environmental issues; and research on local knowledge, gaps, needs and solutions. The programme will try to capitalize on current sectoral reform efforts to set specific policy objectives in relation to the target population. Although the Guyana Poverty Reduction Strategy Paper is weak on issues concerning indigenous people, it is committed to improving service delivery and quality in the interior. Because the "interior" equates to the UNICEF Amazon target group, there is scope for influencing the priorities for allocating debt-relief funds when they become available. Partners will include public bodies and other donor agencies such as the United Nations Development Programme (UNDP), the German Agency for Technical Cooperation (GTZ), the Department for International Development (United Kingdom), the Inter-American Development Bank (IDB) and the Inter-American Institute for Cooperation on Agriculture.

Paraguay

26. The Paraguay Amazon programme will work in four peri-Amazon departments. Strategies will focus on advocacy, social mobilization and communication, technical assistance and knowledge generation in order to strengthen strategic alliances and generate increased community participation in ECD and the development of basic education. Activities will focus on establishing

accurate baselines on the situation of children under six years of age; analysing existing services for this age group; child-rearing studies; developing pilot ECD programmes with inputs from families and communities; designing pilot education to improve access and retention of indigenous populations; and design of policy and legislative proposals for intercultural education. Partners will include government at all levels, civil society organizations, IDB, PAHO/WHO, UNDP, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and UNFPA.

Peru

27. The Peru programme will work on behalf of 43,700 members of five indigenous groups from 100 communities in three districts. Strategies will include information and communication; national and local policy design; empowerment of communities in management of basic social services; gender and family empowerment through the recovery of ancestral knowledge and traditions; and cultural adjustment of public services. The programme's objectives are to: (a) improve access to information on the rights of children and their families; (b) create adequate rights protection services in the communities; (c) enable 60 per cent of mothers to have safe pregnancies and 60 per cent of children up to three years of age to have fully realized health and hygiene, growth and development outcomes; and (d) increase by 15 per cent the educational inclusion and retention of children through culturally adequate educational policies. Local partners will include regional governments, municipalities, indigenous organizations, local and provincial health, education and justice offices, community leaders and church officials. National partners will include the Ministries of Education, Health and Justice, the Food and Agriculture Organization of the United Nations, PAHO, the Joint United Nations Programme on HIV/AIDS and UNFPA.

Suriname

28. The Suriname programme (managed as part of the multi-country programme for the Eastern Caribbean) will support Suriname's educational goal "to equip young persons with adequate intellectual and social knowledge and skills to participate successfully in the community as citizens, who have been educated fully and harmoniously" in four Amazonian districts containing 50 settlements. The programme's objectives include improved health and nutrition services for all young children; improved parenting skills; the establishment of at least one ECD facility per settlement; improved ECD teaching and learning environments by enhancing skills of 200 teachers; promotion and supervision of ECD in the interior by strengthening an ECD coalition that includes 10 NGOs; integrating children with disabilities into ECD services; and effective monitoring of the national ECD policy by the Ministry of Education. In addition to the direct strategies noted, the programme will support communication and transportation to reach communities more frequently and will orient government staff on the value and methods of effective community participation. Partners will include the national ECD coalition, the Ministry of Health, the University of the West Indies, PAHO and international and national NGOs.

Venezuela

29. The Venezuela programme objectives are to adapt and expand the coverage of ECD programmes, with special emphasis on cultural adaptation and parental and community co-responsibility; increase the demand for early childhood education among indigenous groups; similarly help to adapt the teaching methods and content of basic education; and increase girls' primary-level enrolment and retention. A second set of objectives for local government includes increasing the involvement of indigenous organizations in public planning; improving local data collection and analysis efforts based on the existing successful model; and increasing local governments' programming and budgeting abilities so they can effectively manage decentralized basic social services. The programme will continue to work with such traditional allies as government, the National Statistical Institute, indigenous organizations, churches, local NGOs, PAHO/WHO, UNDP, UNESCO and the Office of the United Nations High Commissioner for Refugees. New partnerships will be sought with local media and with the private sector to advocate for more "child-friendly" social investments.

Subregional component

30. A specific subregional component has been designed to strengthen country-level interventions in integrated ECD and basic education, and to promote the expansion and sustainability of the overall impact of efforts by UNICEF and its counterparts. It will include: (a) advocacy and representation with regional and multilateral organizations; (b) provision of timely technical assistance; (c) collection, analysis and dissemination of data and information on child-rearing practices, family capacities and the situation of children and women; (d) systemization and dissemination of best practices and lessons learned; (e) helping to implement monitoring and evaluation systems to guide programme adjustments and measure impact; and (f) resource mobilization and donor reporting.

Monitoring and evaluation

31. At country level, the programme will be subject to annual monitoring in the context of the review process established with local partners, government agencies and UNICEF, as well as to mid-term and final reviews. Donors will be invited to participate in these formal reviews and to monitor progress through field visits. Consolidated donor reports will be sent annually. UNICEF staff and their government and NGO counterparts will visit project sites regularly. Specific surveys and studies will be conducted as required. Annual multi-country reviews and a 2005 mid-term review will be organized within the subregional component.

Collaboration with partners

32. UNICEF will work with a wide variety of subregional and national partners. At the regional level, coordination will take place with organizations that cover the entire Amazon such as the Coordinating Body for the Indigenous Organizations of the Amazon Basin (Coordinadora de las Organizaciones Indígenas de la Cuenca

Amazonica) and the Amazon Cooperation Treaty, which has a secretariat in Bolivia. UNICEF will also work to leverage funding with and increase knowledge-sharing between other agencies, for example through the World Bank's indigenous population programme and with PAHO/WHO to address such cross-border health risks as malaria. At the country level, UNICEF will coordinate its activities with other United Nations agencies, national, regional and local government agencies, the Church, local community groups and indigenous organizations.

Programme management

33. Country offices and counterparts will manage the national portions of the subregional programme, which will be fully integrated into the respective country programmes. There will usually be an Amazon project or programme and at least one project officer. Larger programmes may be based in a sub-office and have multiple staff. Cross-sectoral functions like monitoring and evaluation, and the technical expertise of other programme staff will support the subregional programme's objectives. As many activities will occur at municipal and community levels, there will be intense involvement with local governments, including efforts to engage civil society groups in programme design, implementation and monitoring. The subregional component will reside in the regional office and be led by an international Professional. This unit will coordinate the Amazon subregional programme and such other subregional programmes as ProAndes. In addition to conducting the activities needed to implement the subregional component described above, it will guide support by regional advisers and organize the multi-country reviews.

Estimated annual expenditure

(In thousands of United States dollars)

Country	*2003*	*2004*	*2005*	*2006*	*2007*	*Total*
Bolivia	1 490	1 740	1 680	1 170	920	7 000
Brazil	300	300	300	200	200	1 300
Colombia	500	500	500	500	500	2 500
Ecuador	630	740	620	535	400	2 925
Guyana	100	100	100	100	100	500
Paraguay	80	60	60	50	50	300
Peru	300	300	300	300	300	1 500
Suriname	200	200	200	200	200	1 000
Venezuela	250	250	250	250	250	1 250
Subregional	100	110	120	130	140	600
Total	**3 950**	**4 300**	**4 130**	**3 435**	**3 060**	**18 875**

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Recommendation for funding for a short-duration country programme**

East Timor

Summary

The present document contains a recommendation for funding from regular resources and other resources for the country programme of East Timor with a duration of three years to support activities that will lead to the preparation of a full-length country programme. The Executive Director *recommends* that the Executive Board approve the amount of $2,208,000 from regular resources, subject to the availability of funds, and $9,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2003 to 2005.

* E/ICEF/2002/11.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 2001. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2002 (E/ICEF/2002/P/L.36).

02-44824 (E) 230702

Basic data (2000 unless otherwise stated)	
Child population (millions, under 18 years)	0.4
U5MR (per 1,000 live births) (1986-1996)	124
IMR (per 1,000 live births) (1986-1996)	85
Underweight (% moderate and severe) (1992)	45
Maternal mortality ratio (per 100,000 live births) (1980-1999)	800
Literacy (% male/female) (2001)	54/40
Primary school enrolment (% net, male/female) (2001)	66/62
Primary school children reaching grade 5 (%)	..
Use of improved drinking water sources (%)	..
Routine EPI vaccines financed by Government (%)	0
Adult HIV prevalence rate (%)	..
GNI per capita (US$)	420
One-year-olds fully immunized against (2001):	
Tuberculosis	71 per cent
Diphtheria/pertussis/tetanus	34 per cent
Measles	30 per cent
Poliomyelitis	33 per cent
Pregnant women immunized against tetanus	32 per cent

The situation of children and women

1. East Timor is among the world's least developed countries, with more than two in five East Timorese living in poverty, according to a recent Living Standards Measurement Survey. While the economy has begun to improve since 2000, nearly all the growth has been from short-term donor funding. Even prior to the events of September 1999, East Timor was an impoverished territory. The massive violence and destruction that followed the August 1999 plebiscite seriously depleted the physical, human and social capital of the nation. Infrastructure for public administration and service delivery at subdistrict and lower levels is largely non-existent.

2. Health services were partially restored during 2000-2001, but they remain inadequate. Infant mortality is estimated at 85 per 1,000 live births and the maternal mortality ratio at 800 per 100,000 live births. Child morbidity is high, due mainly to infectious and parasitic diseases and persistent malnutrition. In the late 1990s, 45 per cent of children under five years old were under weight, and many suffered from vitamin A and iron deficiencies. Many women are also anaemic, increasing the risk of haemorrhage during delivery. A lack of trained birth attendants and poor access to emergency obstetric care aggravate the situation. More than 80 per cent of births take place in the home, and there is a high incidence of low birth weight, although the actual level is unknown.

3. The basic infrastructure for immunization has been re-established, but coverage remains low. Awareness of the benefits of immunization is weak, and drop-out rates are high. Coverage with anti-tuberculosis vaccine, for example, reached 70 per cent in 2001, whereas only about one third of the target group was reached with all three doses of polio and combined diphtheria/pertussis/tetanus vaccines.

4. UNICEF estimates that approximately 20 per cent of the rural population have access to safe water and 10 per cent to adequate sanitation facilities. Nearly all schools have required significant repairs to latrine and water facilities following the crisis.

5. The first confirmed case of AIDS was reported in Dili in December 2001. However, the highly mobile population, changing attitudes about sex among young people, the significant incidence of untreated sexually transmitted infections (STIs), the limited availability of condoms and services for STIs, and a general lack of knowledge about prevention all point towards an escalating incidence of HIV.

6. Nearly three years after East Timor's referendum, the education sector is still struggling to provide basic education for children. Even in 1998, the net enrolment ratio was only 70, as compared with the Indonesian average of 97. Repetition and drop-out rates are known to be very high, and almost one half (46 per cent) of the adult population have never attended school.

7. According to the United Nations Transitional Administration in East Timor (UNTAET), domestic violence accounted for 20 to 25 per cent of court cases in 2000-2001. In a UNICEF-sponsored survey, 44 per cent of Timorese respondents aged 9 to 17 years reported violence in their homes, as compared with an Asia-Pacific average of 29 per cent. A study on child abuse found that 60 per cent of reported cases involved girls, and 85 per cent of sexual abuse was against girls. Street children are a recent phenomenon, mainly in the capital city of Dili. Most of the estimated 200 to 300 street children in Dili are there to escape violence and/or poverty at home, but many are there in search of extra family income.

8. From the earliest stages, UNTAET made a specific commitment to the Convention on the Rights of the Child, and the new constitution explicitly addresses child rights. Nevertheless, there are still many weaknesses in existing laws, procedures and practices, which need thorough review and reform. The East Timor Government is committed to ratifying the Convention as soon as the country becomes a member of the United Nations.

Programme cooperation, 2001-2002

9. UNICEF assisted the Ministry of Health to re-establish the infrastructure for immunization, including central vaccine storage and a cold-chain network. As part of a joint United Nations agency Safe Motherhood Initiative, training and certification of national trainers in safe and clean delivery was supported, and the training of 152 newly recruited midwives is under way. A Tetum language version of *Facts for Life* was developed.

10. At the request of the Ministry of Education, UNICEF assisted in school rehabilitation, re-roofing 360 of the 674 primary schools, repairing ceilings and wall partitions in 100 of the re-roofed schools and refurbishing the Institute of Continuing Education. Stationery and basic school materials were provided to

189,000 primary students and nearly 5,000 teachers. Technical support helped to develop mathematics, science and health education textbooks and other teaching and learning materials for primary level; to plan an Education Management Information System; and to provide training in school-based management and in-service teacher training.

11. UNICEF used a community-based approach to improve water supply and sanitation in 93 villages in 33 subdistricts. Working with village entrepreneurs who produce and sell low-cost components, UNICEF has supported the installation of 4,425 family latrines, 868 rainwater collection jars, 410 dug wells and 43 hand-pump platforms. The construction of water facilities and separate sanitation facilities for girls and boys is under way in 200 primary schools.

12. UNICEF has promoted awareness and action in support of child rights and protection, including the training of journalists, decision makers, law enforcement officers and others in the concepts and principles of the Convention on the Rights of the Child; assisting non-governmental organizations (NGOs) to shelter and counsel women and children affected by violence and abuse; and supporting the recovery and rehabilitation of street children. Child-friendly spaces were set up in the immediate aftermath of the emergency as places of relative safety where children could come for recreation and mutual support. HIV/AIDS awareness-raising sessions were introduced as a non-formal educational activity in secondary schools, and youth groups, with UNICEF assistance, mobilized to promote peace and voter participation at the time of the country's first parliamentary elections.

Lessons learned from past cooperation

13. The fledgling East Timor civil service will need considerable support to fully carry out its responsibilities. A major task during the next programme cycle will be capacity-building, requiring a substantial allocation of UNICEF resources. The adoption of Portuguese and Tetum as the new country's official languages also presents challenges, particularly as much of the younger generation uses Indonesian as the *lingua franca*. This multiplicity of languages will significantly increase cost and complexity in such areas as advocacy, the production of schoolbooks and promotional materials.

14. Reliable, up-to-date data are very scarce, which hampers planning, fund-raising and results-based management. Significant resources will be needed in the new programme for the collection and analysis of data and information on children and women.

15. During the 2001-2002 programme cycle, the intensive work with communities in the water and sanitation programme met with a very positive response, but the approach tends to involve a long lead time for initial orientation, planning and start up. This will need to be factored into project plans.

16. Many national and local NGOs have only recently been established, and others have had to change the orientation of their work in the post-referendum period. Management capacity and operational experience are often limited, so UNICEF will need to provide close oversight and some training if local NGOs are to be effective.

Recommended programme cooperation, 2003-2005

	Estimated annual expenditure (In thousands of United States dollars)			
	2003	*2004*	*2005*	*Total*
Regular resources				
Health and sanitation	170	180	185	535
Education and community capacity-building	170	180	185	535
Child protection	16	16	16	48
Advocacy and communication	20	20	20	60
Cross-sector costs	360	340	330	1 030
Subtotal	**736**	**736**	**736**	**2 208**
Other resources				
Health and sanitation	1 100	1 100	1 100	3 300
Education and community capacity-building	1 050	1 050	1 050	3 150
Child protection	700	700	700	2 100
Advocacy and communication	50	50	50	150
Cross-sectoral costs	100	100	100	300
Subtotal	**3 000**	**3 000**	**3 000**	**9 000**
Total	**3 736**	**3 736**	**3 736**	**11 208**

Country programme preparation process

17. As both current and proposed country programmes are of short duration, there was no formal mid-term review, nor was a country note prepared. However, the annual review of 2001 allowed partners, donors and members of civil society to comment on the structure of the proposed new programme. This process culminated in a joint Government-UNICEF strategy meeting in March 2002, attended by representatives of the United Nations Development Programme (UNDP), the World Health Organization (WHO), the United Nations Population Fund (UNFPA) and several NGOs.

Country programme goals and objectives

18. The proposed programme of cooperation for 2003-2005 will complete the transition from emergency assistance to development support in East Timor, and its short duration will maintain harmony with the programme cycles of other United Nations agencies. The five-year National Development Plan identifies education, health and agriculture as the highest development priorities for the country, and 48 per cent of the first government budget have been allocated to the education and health sectors.

19. The basic goals of the 2003-2005 country programme are to assist the Government to improve the well-being of children and women and to support the

progressive fulfilment of their rights. UNICEF will contribute to the realization of those goals through: (a) reducing under-five and maternal mortality; (b) ensuring that 80 per cent of school-age boys and girls are enrolled in primary education, and that 50 per cent of primary schools have the capacity to deliver high quality education; (c) advocating for the implementation of laws, policies and programmes for children that are compatible with international child rights standards; and (d) providing at least 30 per cent of young men and women aged 15 to 24 years with life skills to reduce their vulnerability to HIV infection. Four programmes will work together to achieve those objectives: health and sanitation; education and community capacity- building; child protection; and advocacy and communication.

Relation to national and international priorities

20. The proposed programme addresses the five priorities of the UNICEF medium-term strategic plan for 2002-2005. Objectives and strategies also reflect the following: (a) priority problems identified through a regional situation analysis; (b) the findings of the 2000 Common Country Assessment; and (c) the draft United Nations Development Assistance Framework, which includes explicit reference to the Millennium Development Goals. Programme design has also taken into account the sector-wide approaches (SWAPs) in health and education, as well as guidelines for the Global Alliance for Vaccines and Immunization (GAVI). Finally, the proposed programme reinforces many aspects of East Timor's National Development Plan.

Programme strategy

21. East Timor's institutions in the areas of law, governance and basic social services are still fragile, due mainly to a severely depleted human resource base. To address this situation, the proposed programme will adopt the following four interlinked strategies: (a) the nation-wide provision of basic services for all children, and selective support to sustain and strengthen the service delivery infrastructure; (b) experimental community-based approaches to increase the demand for basic services; (c) appropriate training of families, communities, civil society organizations and government bodies; and (d) advocacy to promote and institutionalize child rights throughout East Timor society.

22. These strategies will be applied at two levels. First, they will provide inputs for immunization, micronutrient supplementation, enhancement of basic education, monitoring mechanisms for child rights protection laws and policies, and information on health and nutrition. Secondly, they will support community-based integrated early childhood development (IECD) interventions in safe motherhood and child nutrition; protection for children without primary caregivers and those affected by violence, exploitation and abuse; and life skills training for adolescents and young adults. Addressing gender discrimination, especially the prevention of domestic violence against girls, will be a cross-cutting theme. The proposed country programme will also form partnerships with national NGOs and religious bodies to promote the fulfilment of children's and women's rights. Through all activities, the programme will seek to develop the confidence and capacity of local and national partners.

23. **Health and sanitation**. This programme has four main components — Immunization Plus, safe motherhood, child nutrition and sanitation promotion — to be implemented through three projects. The Immunization Plus project aims to increase national immunization coverage to 80 per cent by 2005. UNICEF assistance will conform to the National Health Plan and SWAPs. Vitamin A supplementation will be delivered along with immunization. Technical assistance will strengthen management and supervision at district and subdistrict levels, and support the training of district health staff. Cold-chain maintenance, the procurement of vaccines and vitamin A, and improvement of record-keeping and reporting will also be supported. Achieving rapid polio-free certification will be a priority. Youth groups, women's groups and church networks will be mobilized to increase the demand for immunization, identify unreached groups and devise ways to extend services to them. In collaboration with WHO, UNICEF will provide technical assistance to the Ministry of Health to improve sustainability, enhance collaboration with the Inter-agency Coordinating Committee and ensure the appropriate use of GAVI resources.

24. Safe motherhood, child nutrition, and hygiene and sanitation promotion will be combined in a pilot IECD project in four selected districts. The objectives are: (a) to improve the health and nutrition of pregnant women, ensure clean and safe deliveries and reduce the proportion of low birth-weight babies; and (b) to reduce the prevalence of stunting and low weight gain among children under the age of three years.

25. One component of the IECD project will provide information and education to families and communities to improve preventive behaviour. Examples of the topics to be covered include: health risks related to early marriage; the importance of bednets, especially for children and pregnant women; recommended diet during pregnancy and good feeding practices for young children; improving family access to clean water; and healthy hygiene and sanitation habits. The second component will strengthen health system capacity to deliver appropriate, quality services for maternal and child health. UNICEF inputs will support assessments, training, information/education/communication materials, community orientations, supplies and monitoring. The project will be implemented by district-level health services and selected NGOs. A special partnership will be developed with the Catholic Church to draw upon its extensive human and organizational resources in providing community-based health and nutrition services. UNICEF will also ensure complementarity with the UNFPA reproductive health programme.

26. Some elements of the third project — water and environmental sanitation (WES) — are incorporated in the IECD pilot project, but WES will also be implemented in 30 to 50 rural villages. The successful community participatory approach for sanitation promotion in the 2001-2002 programme will be modified to reduce the time required for planning and preparation. Local residents will prepare maps of the existing situation to form the basis for improving access to clean water and sanitation. The essential low-cost components for dug wells, family latrines and rainwater collection jars will be fabricated by village artisans. Families will purchase these components, but facilities will be constructed by community labour. UNICEF will support community planning, the procurement of moulds and materials, and the training of artisans and government staff. The Ministry of Water and Public Works will implement the project in close collaboration with community-based organizations (CBOs).

27. **Education and community capacity-building**. Education is a major challenge in East Timor given the severely damaged physical infrastructure, inadequately trained teachers, poor school readiness of many children, and weak administrative and managerial capacity of the education system. Two projects — basic education and community education — will help to address these concerns.

28. One basic education subproject will help to rehabilitate and strengthen major elements of the educational system at the national level. Another subproject — the "One Hundred Schools Initiative" — will help to develop, implement, assess and document educational innovations, with an emphasis on improving "child-friendliness" and educational quality. Subject to the availability of funds, a third subproject will work to improve the quality of pre-schools.

29. In the One Hundred Schools Initiative, 20 schools will be designated as core cluster schools, each having four or five satellite schools. Small grants will be made to upgrade school facilities and capabilities. School committees, comprised of teachers, school officials, parents and community leaders, will provide guidance for local educational improvement, promote demand for quality education and ensure the appropriate use of grant funds. A major objective is to reduce the drop-out rates of girls and boys by 10 and 5 per cent, respectively, while developing a gender-sensitive environment and upgrading teaching methods and curriculum content. Innovative practices and approaches originating from the One Hundred Schools Initiative will be used to influence national policy and catalyse educational reform. Making the school environment friendly, safe and motivating for all children, especially girls, will be especially emphasized.

30. Technical assistance will be provided to the Ministry of Education to introduce an Education Management Information System and develop textbooks and other teaching and learning materials in mathematics, science and health education for primary grades. Selected teacher training in management, teaching methods and curriculum development skills may also be provided based on experience with the One Hundred Schools Initiative.

31. The early childhood education (ECE) subproject is designed to extend the "friendly" concept of the One Hundred Schools Initiative to selected pre-schools. In collaboration with the local churches that run most of these programmes, it will build on existing good practices and introduce new methods of teaching and parenting as appropriate. If funds are available, this subproject will also support community-based ECE education groups in 25 of the One Hundred Schools Initiative locations.

32. The community education project has three subprojects: youth empowerment; women's capacity-building for empowerment; and child-friendly spaces. The main objective of the youth empowerment component is for 30 per cent of young people in the 15- to 24-year-old age group to learn and practise skills required for a healthy life, especially regarding the prevention of HIV/AIDS/STIs and the promotion of reproductive health. Target groups for UNICEF assistance will be: (a) the total population aged 15-24 years (both in and out of school) for life skills to avoid risky behaviour; and (b) groups at special risk of contracting HIV/AIDS/STIs, including street children, sex workers and entertainment industry workers. UNICEF will support curriculum development and training for peer educators. HIV prevention will also be introduced in all secondary schools and the university. A new health

education curriculum and accompanying learning materials, to be developed through the basic education project, will support this activity.

33. The women's capacity-building for empowerment subproject will help 75 per cent of female members of 100 literacy groups to attain minimum literacy standards using materials incorporating information especially relevant to East Timorese women, including women's rights, care practices for children, prenatal and antenatal care, the prevention of HIV/AIDS/STIs and safe childbirth. Literacy tutors will be trained in selected districts, and simple monitoring and evaluation tools will be developed.

34. The child-friendly spaces subproject will seek ways to modify the functions and management of the child-friendly spaces established during the emergency period as activity centres catering mainly to displaced children and youth. The objective is to help transform these facilities into genuine community centres under local support and management.

35. **Child protection**. This programme will ensure that East Timor is able to fulfil its obligations under the Convention on the Rights of the Child, with all new legislation and policies in harmony with international standards, and with effective enforcement mechanisms in place. In addition, it will support the provision of services to prevent child abuse and neglect, and to assist those already affected.

36. The legal and policy framework project has four core elements: (a) advocacy, technical assistance and training for development and implementation of relevant policies, laws and enforcement capacity; (b) building a knowledge base on children in need of special protection; (c) formulating plans for a national birth registration system; and (d) preparing East Timor's initial country report to the United Nations Committee on the Rights of the Child. Technical assistance will be provided for legal reform and improved law enforcement; for the promotion of increased knowledge of the Convention on the Rights of the Child and child protection issues as a basis for advocacy, policy making and planning; and to improve services that respond to the special needs of child victims. UNICEF will also support the Social Services Division to carry out community consultations to enhance understanding and acceptance of child protection concepts. Building community capacity to be "self-policing" in these areas will be emphasized. Training materials to help integrate child rights concepts and principles into the training of government officials, NGOs and religious groups will also be developed.

37. In collaboration with Plan International and the East Timor Civil Registration Division, UNICEF will help to develop a birth registration system, initially in two pilot districts. If successful, this experience will be used to seek bilateral assistance for nation-wide expansion.

38. Technical assistance will be provided for the preparation of East Timor's initial country report to the Committee on the Rights of the Child and to establish a national child rights monitoring committee.

39. The strengthening protection services project will help to build capacity within the Government and civil society groups to respond to children in need of special protection, including those on the street, in prison, separated from their parents, victims of domestic violence and abuse, and involved in commercial sexual exploitation. In addition, selected NGOs will be supported to help recover and

reintegrate street children, ensure the welfare of children in prison, and trace and reunify children separated from their parents.

40. **Advocacy and communication**. This programme will promote child rights through advocacy with the Government, CSOs, families and communities. Specific activities will include the formulation of communication strategies, the preparation of programme support materials, and the creation of opportunities for children and youth to participate in discussions about their rights and well-being. The programme will work with international media to enhance the visibility of East Timor and to increase understanding, particularly in donor countries, of the situation of its children and women. It will also support fund-raising efforts and foster relationships with National Committees for UNICEF to encourage their support.

41. **Cross-sectoral costs**. These resources will provide supply, logistics, administrative, planning, and monitoring and evaluation support for all programme components, and facilitate emergency preparedness and flexibility in responding to emerging opportunities.

Monitoring and evaluation

42. Monitoring and evaluation plans for each programme will be consolidated into a three-year Integrated Monitoring and Evaluation Plan. Indicators specified in the plan will provide a major focus for annual reviews and an end-of-cycle review. Field trips and other consultative processes will also be employed. UNICEF will assist the Department of Economic Affairs and Statistics to collect good quality data on social indicators through surveys and administrative reporting systems. A multiple indicator cluster survey will be carried out in 2002. UNICEF will also assist the Government to use the computerized Child Info analysis package. Simple monitoring tools and procedures will be developed for specific programme components.

Collaboration with partners

43. The East Timor Government will be the main UNICEF counterpart. However, close partnership with other members of the United Nations system will continue. UNICEF will work closely with WHO on child survival, health and hygiene promotion; with UNFPA on maternal and reproductive health, healthy life styles for youth, including HIV/AIDS prevention, and domestic violence; and with UNDP on HIV/AIDS prevention and capacity development for government and civil society partners. UNICEF will also participate with other United Nations agencies through theme groups for broad programme areas such as HIV/AIDS, gender and capacity-building.

44. UNICEF will continue to work with major bilateral donors, including Japan, Australia, the European Union, Norway, Sweden, the United Kingdom, Portugal and the United States of America in education, women's literacy, health and sanitation, and child protection. Cooperation with the Asian Development Bank in the area of WES and with the World Bank in the areas of health and education will be strengthened. Alliances with the emergent private sector, the media, NGOs, CBOs and the Church will also be developed as appropriate.

Programme management

45. The National Planning Commission is responsible for overall coordination of assistance programmes in East Timor. Responsibility for programme management rests with the heads of relevant ministries and line departments. The respective District Officers will coordinate district-level activities. The UNICEF Special Representative is the overall manager of the country programme and is advised by the Country Management Team on matters concerning office management and human resources development.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : EAST TIMOR

PROGRAMME: 2003-2005

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
HEALTH AND SANITATION	535,000		535,000	0	0	0	1	0	0	1	0	0	1	526,842	0	526,842
EDUCATION AND COMMUNITY CAPACI	535,000		535,000	0	0	0	1	0	0	1	0	0	1	526,842	0	526,842
CHILD PROTECTION	48,000		48,000	0	0	0	0	0	0	0	0	0	0	0	0	0
ADVOCACY AND COMMUNICATION	60,000		60,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS SECTORAL COSTS	1,030,000		1,030,000	0	0	0	1	0	1	2	0	4	6	853,584	47,684	901,268
TOTAL RR	2,208,000		2,208,000	0	0	0	3	0	1	4	0	4	8	1,907,268	47,684	1,954,952
OTHER RESOURCES :																
HEALTH AND SANITATION		3,300,000	3,300,000	0	0	0	0	0	0	0	3	0	3	451,022	116,388	567,410
EDUCATION AND COMMUNITY CAPACI		3,150,000	3,150,000	0	0	0	0	1	0	1	1	0	2	526,842	38,796	565,638
CHILD PROTECTION		2,100,000	2,100,000	0	0	0	0	1	0	1	0	0	1	402,692	0	402,692
ADVOCACY AND COMMUNICATION		150,000	150,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS SECTORAL COSTS		300,000	300,000	0	0	0	0	0	0	0	2	0	2	0	77,592	77,592
TOTAL OR		9,000,000	9,000,000	0	0	0	0	2	0	2	6	0	8	1,380,556	232,776	1,613,332
TOTAL RR & OR	2,208,000	9,000,000	11,208,000	0	0	0	3	2	1	6	6	4	16	3,287,824	280,460	3,568,284
SUPPORT BUDGET	Operating costs		611,910													
	Staffing			0	0	1	0	2	1	4	0	4	8	1,702,246	508,834	2,211,080
GRAND TOTAL (RR + OR + SB)				0	0	1	3	4	2	10	6	8	24	4,990,070	789,294	5,779,364
Number of posts and staff costs:																
Current programme cycle										12	6	13	31			
At the end of proposed programme cycle (indicative only)										10	6	8	24	4,990,070	789,294	5,779,364

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

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Recommendation for funding for a short-duration country programme**

Afghanistan***

Summary

The present document contains a recommendation for funding from regular resources and other resources for the country programme of Afghanistan with a duration of three years to support activities that will lead to the preparation of a full-length country programme. The Executive Director *recommends* that the Executive Board approve the amount of $27,260,000 from regular resources, subject to the availability of funds, and $105,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2003 to 2005.

* E/ICEF/2002/11.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 2001. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2002 (E/ICEF/2002/P/L.36).

*** Document submission was delayed to enable further consultations.

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Basic data (2000 unless otherwise stated)	
Child population (millions, under 18 years)	10.9
U5MR (per 1,000 live births)	257
IMR (per 1,000 live births)	165
Underweight (% moderate and severe) (1997)	48[a]
Maternal mortality ratio (per 100,000 live births)	..
Literacy (% male/female)	51/21
Primary school attendance (% net, male/female) (1997)	36/11
Primary schoolchildren reaching grade 5 (%) (1999)	49
Use of improved drinking water sources (%)	13
Routine EPI vaccines financed by Government (%)	0
Adult HIV prevalence rate (%) (1999)	<0.01[b]
GNI per capita (US$)	.. [c]
One-year-olds fully immunized against (1999):	
Tuberculosis	48 per cent
Diphtheria pertussis tetanus	35 per cent
Measles	40 per cent
Poliomyelitis	35 per cent
Pregnant women immunized against tetanus	..

[a] Aged 6-35 months.

[b] Not enough data were available to produce an estimate of HIV prevalence for end-1999. Instead, for each of the estimates, the 1994 prevalence estimate published by the World Health Organization (WHO) Global Programme on AIDS was applied to the country's 1999 adult population to produce the estimate.

[c] Estimated to be low income ($755 or less).

The situation of children and women

1. More Afghans have known their country at war than those who have seen it at peace. Over one million people, most of them children and women, remain displaced by conflict and drought. Of a total of 4 million refugees, mostly in Pakistan and the Islamic Republic of Iran, around 2 million are expected to return by the end of 2002. With 50 per cent of the population under the age of 18 years, the conflict has left a long-term impact on both the mental and physical well-being of children. The structure of the relatively young population has implications for the ability of the Government to deliver services, and calls for an urgent need to invest in children. Reliable national data on child indicators in Afghanistan are equally a casualty of the conflict and the collapse of national institutions. Extrapolation of data obtained through UNICEF Multiple Indicator Cluster Surveys (MICS) conducted in eight provinces in 2000 (MICS 2000), and from several studies and assessments conducted in 2002, would help to formulate the basic assumptions on the situation of children and women in Afghanistan.

2. Infant and under-five mortality rates are very high at 165 and 257 per 1,000 live births, respectively. An April 2002 survey in the Maslakh camp for internally displaced persons (IDPs) in western Afghanistan indicates that deaths of children under five years of age are due primarily to respiratory infections (acute respiratory infections (ARI), 30 per cent), diarrhoea (22 per cent) and malaria (14 per cent). Measles, neonatal tetanus and scurvy also contribute to under-five mortality owing to low access, quality and utilization of health services. MICS 2000 estimates diarrhoea prevalence in children under five years of age in eastern Afghanistan at around 50 per cent, with a child suffering up to 13 episodes each year. The Maslakh IDP camp survey and another one conducted in Baghdis Province in March 2002 gave similar prevalence rates for diarrhoea and also showed prevalence rates for ARI of 50 and 34 per cent, respectively.

3. Polio eradication is showing success. The number of acute flaccid paralysis and confirmed polio cases are declining steadily, with only three cases of polio reported to date in 2002. However, routine immunization coverage is low. According to the MICS 2000, 72 per cent of 12- to 23-month-old children in the south-eastern region and 61 per cent in the eastern region did not receive three doses of combined diphtheria/pertussis/tetanus (DPT3) vaccine. Recent government data on DPT3 and measles for children under one year of age showed that 56 and 54 per cent, respectively, were not immunized, with ranges from 16 and 21 per cent, respectively, in the eastern region, to 84 and 75 per cent, respectively, in the north-eastern region. It is estimated that measles kills 35,000 children annually.

4. The maternal mortality ratio is estimated at 1,700 per 100,000 live births. Close to 40 per cent of maternal deaths are due to haemorrhage. In a study of 356 deaths of women of reproductive age, 139 (42 per cent) were related to pregnancy and childbirth. Three quarters of the infants born alive to these 139 women died. According to MICS 2000, in eastern Afghanistan, some 54 per cent of pregnant women do not receive prenatal care, 44 per cent are not protected against tetanus and 88 per cent of deliveries are not attended by skilled personnel. The situation is compounded by a lack of access to emergency obstetric care and to women's poor health status. In MICS 2000, 55 per cent of pregnant women in the south-eastern region and 91 per cent in the eastern region are anaemic. The respective percentages for non-pregnant women in the two regions are 83 and 95.

5. Household food security has been undermined by conflict, drought, and the breakdown of economic infrastructure and of local coping mechanisms. A food security study supported by the United States Agency for International Development (USAID) and UNICEF, revealed that diet security has declined from 59 to 9 per cent between 1999 and 2002. This is compounded by child illnesses, inadequate hygiene and poor feeding practices, and reflected in the nutritional status of children and women. While 7 per cent of children under five years of age in Baghdis have acute malnutrition, 58 per cent have chronic malnutrition (67 per cent in Maslakh). In both studies, the 12- to 23-month-old children showed much higher rates of acute malnutrition (13 per cent in Maslakh and 16 per cent in Baghdis).

6. Micronutrient deficiencies, including iron and iodine, are still common. In the Baghdis and Maslakh surveys, the prevalence of vitamins A, C, D and riboflavin deficiencies among children less than five years of age ranged from 3 to 9 per cent. About 12 per cent of women show visible goitre, indicating iodine deficiency. Some 98 per cent of the households in Baghdis do not use iodized salt.

7. Approximately 65 per cent of the population in urban areas and 81 per cent in rural areas do not have access to safe water, with considerable regional disparities. According to MICS 2000, 74 per cent of the population in the central region and 43 per cent in the eastern region have no access to clean water. With the current severe drought, destruction of traditional water sources and depletion of existing sources, people would use contaminated water. The low access to sanitation facilities (23 per cent in urban areas and 8 per cent in rural areas), poor hygiene practices and inadequate health care will only worsen their already precarious health status. Water shortage will also lead to population movement.

8. The conflict and policies during the Taliban era have resulted in almost total destruction of the education system in Afghanistan. Very little reliable information is available on the current status in terms of enrolment in schools, infrastructure and qualified staff. The UNICEF-supported back-to-school campaign managed to return over 3 million children to school in March 2002, twice the number estimated at the planning stage. The campaign also showed that only 30 per cent of teachers and of returning students were female. UNICEF is currently assisting the Government with a major survey of "learning spaces" (basic, intermediate and high schools) in Afghanistan. Preliminary results are available for 18 provinces and Kabul out of 32 provinces. The results point to major disparities both between and within geographical areas. Out of the 2,003 "learning spaces" assessed in the 18 provinces, 746 are non-formal (37 per cent) indicating a high commitment of parents to have their children educated. Overall, 44 and 82 per cent of the schools already assessed in the 18 provinces have no water or sanitation facilities, respectively. The range for water is 29 to 65 per cent, and 77 to 92 per cent for the lack of sanitation facilities. Of the 1,243,785 pupils in the already assessed schools, only 29 per cent are girls (range of 2 to 38 per cent); and out of the 14,624 teachers, only 13 per cent are women (range of 2 to 38 per cent). In Uruzgan province, there are no female teachers. In contrast, in Kabul, girls constitute 45 per cent of the 500,000 students, and 65 per cent of the teachers are women.

9. Already overburdened social systems are further strained by the large number of displaced persons and returnees. Physical devastation and mine/unexploded ordance (UXO) contamination pose many dangers as families are establishing squatter settlements in sub-standard conditions, and children and their communities are at risk of becoming victims of mine/UXO accidents such as an estimated 400,000 to date. Child protection assessments have found that household coping mechanisms brought on by increased economic vulnerability place children at a particularly high risk as many join the fighting forces in search of income, or as destitute parents send their children to the streets or factories to work or place them in orphanages in the hope that they will be cared for. There is evidence that girls are given away for marriage at a much younger age than customary. In addition to lacking access to basic health and education services, children have to cope with psychosocial distress as a result of loss of family and friends, experience of violence, increased family poverty, changes in status and lack of positive options. Discrimination against girls, and minority and returnee children are of particular concern.

10. Women and girls have endured extreme mental, social and economic hardships as a result of severe restrictions imposed by the Taliban on their participation in public life, barring them from access to education and employment. Violence against women and girls, mostly unreported, continue at an alarming rate. About 96 per cent

of Afghan women are illiterate. Recent changes in the political situation are favourable for efforts to persuade national and local authorities to honour provisions of the Conventions on the Rights of the Child and on the Eradication of All Forms of Discrimination against Women; and to apply policies to increase access to employment opportunities, education and other basic social services.

Programme cooperation, 2000-2002

11. Despite the considerable challenges, the programme had significant achievements in immunization, water and sanitation, education and emergency response. Over 5 million children under five years of age were vaccinated against polio and given vitamin A supplementation in a succession of National Immunization Days in 2001 and 2002. Six million children were vaccinated against measles.

12. UNICEF supported supplementary and therapeutic feeding programmes for more than 300,000 children. Standardized methodologies were developed in surveys on nutrition and mortality. UNICEF, in collaboration with USAID, supported a household food security study, the results of which raise serious concerns about household food security in drought-affected areas and have major implications for future work.

13. Close to 2 million people were provided access to clean water and 1.2 million to sanitation facilities primarily in IDP camps and drought-affected villages. Around 350 village mechanics were trained to maintain handpumps. Hygiene education has accompanied water and sanitation interventions.

14. UNICEF supported the community and home-based schools for boys and girls as an effective strategy under the Taliban regime. Over 130,000 children (40 per cent girls) attended these schools. The back-to-school campaign succeeded in getting 3.2 million children back to school in 2002 through the provision of school, teacher and student supplies; teacher orientation; and technical and financial support to the Ministry of Education. While the campaign proved the ability of UNICEF to mount a major logistical and programme operation within a very short timeframe, the challenge is to maintain the momentum to ensure continued education for children. UNICEF has been designated as Programme Secretariat for education and vocational training to lead the reconstruction of the education system in Afghanistan.

15. UNICEF provided assistance in health and nutrition, water and sanitation, and education/recreation to refugees and host communities in Pakistan and the Islamic Republic of Iran, as well as to IDPs. In the last three years, UNICEF responded with emergency medical supplies, essential drugs, winter clothing, shelter and survival items to victims of earthquake and other natural man-made disasters.

16. Within a few weeks of 11 September, some 80 airlifts and 200 convoys brought UNICEF emergency supplies to Afghanistan. As part of the winterization interventions, UNICEF provided over 800,000 children with blankets, some 730,000 children with winter clothing, and another 500,000 children with socks and boots.

Lessons learned from past cooperation

17. The physical presence and continuity of the programme in Afghanistan before 11 September 2001, and the experience gained operating during the Taliban regime, provided UNICEF with the basis and the capacity to rapidly scale up operations afterwards. Such experience includes building strong relationships with the technical staff in counterpart ministries and cooperation with the subnational authorities and community-based organizations (CBOs).

18. Insecurity and poor access to many parts of the country in 2000 and 2001 made proper vulnerability assessment and analysis difficult. Given the repressive political regime, assessment, analysis and programming particularly on sensitive (child protection/human rights) issues were limited to basic advocacy efforts. The lack of reliable disaggregated data on child indicators made the planning process difficult. The establishment of the Transitional Government in June 2002 and the concomitant relative stability should make such analysis and building of a national information base possible to enhance programmatic and geographical focus.

19. The success of the community-based water and environmental sanitation (WES) interventions and of the community-/home-based schools point to the commitment and potential ability of communities to participate in their own development. Given the limited government resources, and consistent with the recommendation of the mid-term review (MTR), this potential needs to be tapped through integrated, community-based programmes that emphasize building the necessary capacities in the community to plan and manage interventions.

20. The country programme was disrupted repeatedly by a succession of acute natural and man-made disasters that demanded reallocation of resources. UNICEF needs to update and operationalize its emergency preparedness plan and build emergency preparedness and response capacity within the Government and other partners.

21. The political situation did not allow UNICEF to make effective use of programme communication to advocate for and raise public awareness of human rights. The easing situation provides an opportunity to reverse this constraint.

22. Considering the humanitarian situation in Afghanistan, the country programme had a large component of service delivery, which will continue in the new country programme. However, it is essential that emphasis be given to strengthen the capacity of the Government at all levels, and to support it to adopt appropriate policies and systems.

Recommended programme cooperation, 2003-2005

	Estimated annual expenditure[a] (In thousands of United States dollars)			
	2003	*2004*	*2005*	*Total*
Regular resources				
Basic education	2 275	2 280	2 280	6 835
Health and nutrition	1 896	1 900	1 900	5 696
Water, sanitation and hygiene promotion	1 612	1 615	1 615	4 842
Child protection	1 341	1 344	1 344	4 029
Planning, research, monitoring and evaluation	948	855	855	2 658
Cross-sectoral costs	1 000	1 100	1 100	3 200
Subtotal	**9 072**	**9 094**	**9 094**	**27 260**
Other resources				
Basic education	11 400	13 300	15 200	39 900
Health and nutrition	11 400	13 300	15 200	39 900
Water, sanitation and hygiene promotion	3 300	3 800	4 400	11 500
Child protection	2 400	2 900	3 200	8 500
Planning, research, monitoring and evaluation	1 500	1 700	2 000	5 200
Subtotal	**30 000**	**35 000**	**40 000**	**105 000**
Total	**39 072**	**44 094**	**49 094**	**132 260**

[a] Additional funding is expected through the Immediate and Transitional Assistance Programme (ITAP). The Field Operations Section, responsible for supervision of sub-offices, will be funded through ITAP.

Country programme preparation process

23. The new country programme is a result of consultations with the Interim Authority and the Transitional Government, other United Nations agencies, and national and international partner non-governmental organizations (NGOs). UNICEF and line ministries developed the sectoral strategies. Likewise, the master plan of operations and programme plans of operation will be developed with the concerned line ministries.

24. The processes for the preparation of the Common Country Assessment and United Nations Development Assistance Framework have not yet started. UNICEF participated in the Preliminary Needs Assessment for Recovery and Reconstruction in December 2001 led by the World Bank, the Asian Development Bank (AsDB) and the United Nations Development Programme, and subsequently in the February-March 2002 joint donor missions in health, education, WES, governance and community participation coordinated by the World Bank and AsDB. The findings of these exercises fed into the preparation process.

Country programme goals and objectives

25. The overall goal of the new country programme is to assist the Government in its obligation towards the progressive realization of the rights of children to survival, development, protection and participation, as set out under the Convention on the Rights of the Child. Specifically, the programme will aim to eradicate polio; immunize 6 million children against measles; achieve and sustain 80 per cent coverage for the six major antigens; improve prenatal, natal and post-natal care coverage; and immunize women of childbearing age against tetanus. It will aim to provide 3 million children with access to high quality education, especially for girls and hard-to-reach children, and will provide clean water and sanitation facilities for around 2 million people. It will support the reform of the juvenile justice system, the demobilization and reintegration of child soldiers, and the adoption of appropriate policies for the children and youth in need of special protection measures. The programme will contribute to the reduction of gender and regional disparities as well as of poverty, and to the establishment of a base for the sustainable transition of the country from emergency to recovery and development phases. To attain these goals, the programme will need to be sufficiently focused, but flexible enough to take into consideration the dynamic situation in Afghanistan.

Relation to national and international priorities

26. The programme supports the national priorities for children and women outlined in the Government's National Development Framework (NDF) and builds on the government's commitment to prioritize social services, particularly basic education. It also responds to NDF requirements of adding value to development and building national capacities linked to exit strategies.

27. The programme is based on the analysis of the situation of the children and women of Afghanistan and the recommendations of the 2001 MTR. It reflects the UNICEF mandate and organizational priorities set out in the medium-term strategic plan (MTSP) for 2002-2005, with an emphasis on girl's education, immunization and child protection. It will work with counterparts and partners to analyse the causes of low girl enrolment and develop appropriate actions to improve it. Improvement of the school environment and development of appropriate safety and protection measures for girls will be addressed. The programme will ensure that all children are immunized against polio and measles and women against tetanus, while strengthening routine immunization. It will support the Government to set up comprehensive child protection policies and systems. Elements of early childhood development will include building parental and community capacity to provide early childhood care, education and nutrition and support to women's literacy.

28. The programme is designed to dovetail with the United Nations Assistance Mission in Afghanistan/ ITAP developed annually in place of the Consolidated Appeal Process to raise funds for the programmes of UNICEF and other humanitarian actors. UNICEF elements of ITAP will match those of the MTSP.

29. The programme will also be in line with the current strategies of the World Bank and major donors for Afghanistan with regard to disparity and poverty reduction through improving access to basic social services.

Programme strategy

30. Child rights will form the normative framework for all interventions, each of which will provide a base for protecting these rights. Examples include the development of vulnerability maps and the selection of the most vulnerable communities and difficult to reach children and women for assistance.

31. The programme will support key national programmes and the development of policies that can bring about sustainable improvements to the lives of children and women, such as access to education, polio eradication and the elimination of micronutrient deficiencies. This will be carried out through supply inputs, capacity-building and advocacy. Public education and programme communication, especially through the developing radio and television services, will also play a key role. Response to acute emergencies and support to IDPs and returning refugees will also be national.

32. Regular resources will be used largely to support capacity-building, research, and policy and systems development, which will form a core intervention of all programmes. Other resources will remain critical to achieving results of the country programme and will be used largely for the service delivery component, for which ITAP will also be critical.

33. Field interventions and community-based initiatives will focus on the most vulnerable areas. These will be flexibly defined between the sectoral programmes and their respective government counterparts based on agreed indicators. Such interventions will aim to build capacities at subnational levels; involve local authorities and civil society in planning and implementation; and maximize community participation in planning, managing and monitoring the interventions. Examples include the operation, maintenance and management of water sources, and school management.

34. Gender will be mainstreamed within all programmes beyond awareness-raising. As examples, the education programme will work actively for increasing the enrolment of girls and the recruitment of women teachers, and WES will ensure the participation of women in the operation and maintenance of water and in sanitation and hygiene education.

35. Progress will be incremental, but there is an urgency to increase its pace while ensuring sustainability of activities. While meeting the immediate needs of children through service delivery, each programme will build national capacity, including that of the private sector, so that the Government, private sector and civil society can eventually take over specific programmes and activities, allowing UNICEF support to be shifted to other areas. The local printing of textbooks, the provision of educational materials, and the manufacture of handpumps and spare parts are examples that can be realized in a relatively short time frame.

36. Each programme will develop a high degree of emergency preparedness and rapid response through maintaining plans and pre-stocking essential supplies. National and subnational institutions will be assisted to build similar capacity. Donor contributions for emergency situations and those raised through ITAP will be allocated within a consolidated country programme.

37. **Basic education**. This programme will contribute to improving access to and retention in quality basic education and to enacting policies and establishing systems

to enhance the education process. The programme will collaborate with the Ministry of Education, the United Nations Educational, Scientific and Cultural Organization, other United Nations agencies, the World Bank, AsDB and NGOs in three projects. The access to education project will focus on primary school education, with minimal support to higher grade schooling. The project aims to provide physical access to schools for at least 3 million children and will support efforts to encourage families to send their children to school. Special attention will be given to fulfilling the right to education of IDPs, girls and other hard-to-reach children. In addition to the provision of supplies, the project will support the selective rehabilitation and provision of water and sanitation facilities to schools. The child protection programme interventions for women will be assisted with literacy and life skills packages, with an integrated early childhood education (ECE) programme.

38. The quality of education project will concentrate on improving the quality of the classroom environment and of the learning process, thereby ensuring higher retention levels. The project will support teacher orientation on new learning materials and principles of quality education; the development of guidelines for teacher certification and registration; the development of a national curriculum framework; the review and production of materials/textbooks; upgrading the skills of teachers; and implementing accelerated learning classes. Through the development of the curriculum framework, key life skills issues will be introduced, such as mine awareness, tolerance-building, HIV and health education.

39. The education policy and systems development project will assist the Ministry of Education to develop policies and systems essential for efficient operation of the education process through technical assistance, training and supplies. The project will support the adoption of policies and standards and/or establish systems for teacher training, curriculum development, the Education Management Information System, ECE, literacy and school environment. It will also support the development of strategies for inclusion and sustainability of home-based schools and effective community participation.

40. **Health and nutrition**. This programme will contribute to decreasing child and maternal morbidity, mortality and malnutrition through four projects, with a priority to the most vulnerable children and women. The expanded programme on immunization (EPI) project will aim to eradicate polio, achieve and sustain 80 per cent coverage for the six major antigens, and immunize women of childbearing age against tetanus. The project will adopt a combination of campaigns for measles and polio, and improving the quality and coverage of routine EPI. Collaboration will be strengthened with partners such as the United States Centers for Disease Control and Prevention (CDC), the Global Alliance for Vaccines and Immunization (GAVI), WHO, Rotary and Polio Plus.

41. In coordination with the United Nations Population Fund (UNFPA), the maternal and child health project will support the expansion of emergency obstetric care services by supporting curriculum and clinical skills development within a national training programme for midwives and auxiliary midwives. It will also provide drugs, supplies and technical assistance. One centre of excellence will be established in each region to provide comprehensive emergency obstetric care services and to expand such service to rural areas. Standards for newborn care will be developed and disseminated. Interventions will be conducted to address delays in the utilization of maternal health services. The project will support community-

based interventions such as antenatal, natal and post-natal care, micronutrient supplementation and malaria prevention. It will initiate Integrated Management of Childhood Illness activities, pilot school health projects, and maintain response capacity to acute emergencies and disease outbreaks.

42. The nutrition project will have nationwide coverage and focus on reducing the prevalence of key micronutrient deficiency diseases, particularly those related to vitamin A, iron and iodine. It will also establish health and nutrition communication strategies and community-based interventions to improve breastfeeding and complimentary feeding practices. Ten baby-friendly hospitals will be supported. Both interventions will have formative research components. The project will support emergency nutrition response through selective feeding interventions and respond to acute micronutrient deficiency disease outbreaks. Vitamin A will be distributed in conjunction with polio vaccination and to post-natal women. The project will also support nutritional surveys and the standardization of survey/surveillance methodology, and contribute to school feeding programmes.

43. The health research, policy and systems development project will build the capacity of the Ministry of Public Health to establish national policies and standards on EPI, safe motherhood and nutrition. Through seconded advisers, the Ministry will link with international public health and academic institutions, such as Columbia University (United States) in the averting maternal death and disability project and Johns Hopkins Programme for International Education in Gynecology and Obstetrics, that can support policy development and training programmes. The research interventions will collect essential data on nutrition, maternal morbidity and mortality, HIV/AIDS and landmine injuries. It will also support community-based surveillance of nutrition and food security, and vaccine-preventable diseases.

44. **Water, sanitation and hygiene promotion**. This programme will contribute to increasing access to safe water, sanitary means of excreta disposal and hygienic practices, and will consist of three projects. The safe drinking water project and the sanitation and hygiene education project will assist in providing 1.9 million people in the drought-affected and difficult to reach areas and IDPs with safe drinking water and sanitary means of excreta disposal. The two projects will also coordinate with the education programme to provide around 2,200 schools with water and sanitation facilities, with a focus on girls' schools. The water project will promote appropriate technology water supply systems. The selection and training of community committees will emphasize gender equality and the participation of youth and women in maintenance and management. The two projects will provide water and sanitation to communities affected by acute emergencies. Both projects will cooperate with the Ministries of Irrigation, Water Resources and Environment, and Rural Rehabilitation and Development, and national and international NGOs operating in the sector.

45. Hygiene education will form a main thrust of the sanitation and hygiene education project. This will be effected through community organizations, youth and women's groups, and the schools. The project will also build demonstration latrines to encourage replication by community groups, local authorities and households.

46. The water and sanitation policy and systems development project will strengthen the capacity of the Government and other partners to develop and adopt mechanisms to plan, manage, improve and sustain WES interventions. The project will support the establishment of an intersectoral steering committee and assist it to

develop relevant standards and regulations and to set up a management information system. It will also support the committee to undertake research to improve cost-effectiveness, such as surface water treatment, human waste management and water resource management. A uniform WES implementation policy will be promoted among implementing bodies emphasizing community participation in planning, funding, operation and management, and particularly that of women in promoting hygiene education and latrine use.

47. **Child protection**. This programme will contribute to the improved protection of children from violence, abuse, exploitation and discrimination through four projects. The child soldier and war-affected young people project will support the protection and reintegration of young people, especially child soldiers, adolescent girls and female heads of households. Support for child soldier demobilization will be backed by advocacy to prevent the recruitment of minors. The project will support integrated training, psychosocial, family tracing, and reunification and reintegration programmes through government and NGO partners. Special emphasis will be on raising awareness about HIV/AIDS and drug abuse through life skills and peer education, in collaboration with the health and education programmes. Human rights, peace and conflict resolution training will be provided to strengthen the role of youth in community-based peace-building.

48. The mine awareness project will sensitize local communities, particularly schoolchildren and returning populations, to the dangers of mines/UXO and assist them in adopting safe behaviours. The project will develop the mine/UXO awareness training and monitoring and evaluation capacity of the mine action authorities and NGO partners. Advocacy for the inclusion of mine awareness in the school and health education curricula will include technical support to curriculum and learning material development. Mine victim surveillance, data collection and database will be improved to facilitate victim assistance.

49. The psychosocial support project will improve the capacity of professionals working with children in addressing psychosocial distress and strengthening existing coping mechanisms. The development of culturally appropriate guidelines and training materials, and the training of trainers will improve psychosocial interventions across all child protection programmes. It will also facilitate mainstreaming of psychosocial understanding and support capacity in the early childhood, social services and social affairs sectors. The project will work with government and international academic institutions to develop a university curriculum on social/psychosocial work.

50. The child protection research, policy and system development project will provide technical assistance to government counterparts and partners to review and update the juvenile justice system and relevant sections in the criminal code. It will also develop national capacity in addressing juvenile delinquency. Support will be provided for the revision of Afghanistan's constitution and laws to ensure their conformity with international human rights norms. Research on sexual abuse and exploitation of children, early and forced marriage, and child labour will be supported, as will the establishment of a birth registration system and services for children deprived of parental care. Support to the Human Rights Commission will ensure monitoring and reporting on compliance with the Convention on the Rights of the Child and other international human rights standards. Child rights materials

will be developed and training conducted for peacekeeping troops, police, military, central and municipal officials, communities and families.

51. **Planning, research, monitoring and evaluation**. Through the situation assessment and systems development project, this programme will contribute to the availability of updated and disaggregated data on key children's and women's indicators, and present them in the form of a database and a continuously updated situation analysis. It will also produce updated vulnerability maps to refine the country programme's geographical and programmatic focus and provide inputs for programme development and advocacy. It will aim to strengthen management and use of the information. The project will support field research, studies and evaluations to collect data on key indicators to assess the situation of children and women. The project will partner government, academic and research institutions, United Nations agencies and the Afghanistan Information Management Service as the national database.

52. **Cross-sectoral costs** will cover the cost of programme and operational staff common across the country programme, such as the senior programme officer, and information technology, communications, supply, logistics and administration staff. The field operations section will be funded through the ITAP process.

Monitoring and evaluation

53. The Integrated Monitoring, Evaluation and Research Plan and the programme/project logical frameworks will be the principal tools for effective planning, monitoring and evaluation of the country programme. Emphasis will be placed on the MTSP priorities and the Millennium Development Goals. The programme will support a number of evaluations including, in 2003, the back-to-school and measles campaigns, and in 2004, girls' education. Joint evaluations of the delivery of humanitarian assistance with government counterparts and major partners will also be supported. Annual reviews and an MTR in 2004 will be conducted. Youth and community participation will be promoted, including end-user and community monitoring.

Collaboration with partners

54. Existing partnerships with bilateral and multilateral agencies will be strengthened. Bilateral partners that are expected to assist in raising other resources include: the Governments of Belgium, Canada, Denmark, Finland, Italy, Japan, the Netherlands, Sweden, the United Kingdom and the United States (USAID; The Office of United States Foreign Disaster Assistance; Bureau of Population, Refugees and Migration; CDC). Links with National Committees for UNICEF, especially those of Canada, France, Germany, Japan, the United Kingdom and the United States will be strengthened through periodic consultations and joint field visits. Support is also expected from GAVI and the United Nations Foundation.

55. In advocacy and human rights promotion, UNICEF will work closely with the Human Rights Commission. Partnerships already established with NGOs (e.g. Save the Children Alliance, *Médecins sans frontières* (Doctors without Borders), International Organization for Migration, *Action contre la faim* (Action against Hunger), Mine Education Training Agency) and CBOs (e.g. Afghan Women's

Network, Organization for Mine Clearance and Afghan Rehabilitation), and collaboration with multilateral agencies (especially UNFPA, WHO, the Food and Agriculture Organization of the United Nations, the World Food Programme, the World Bank), will be strengthened further. UNICEF will also expand its collaboration with National Committees for UNICEF, Goodwill Ambassadors and international child rights advocates.

Programme management

56. The counterpart ministry to UNICEF (to be named by the Government of Afghanistan) is responsible for overall programme coordination. Responsibility for programme management rests with the heads of government ministries. Project execution will be through sectoral regional authorities and, where appropriate, NGOs. Heads of government units, in collaboration with UNICEF, will have direct responsibility for planning, implementing and monitoring project activities. The counterpart ministry to UNICEF (to be named by the Government of Afghanistan) will facilitate coordination between the various implementing partners, will lead the annual planning and programme review processes, and will coordinate the MTR and major research activities. Within UNICEF, appropriate mechanisms for coordination and management will be set up to optimize the mainstreaming of cross-cutting strategies in the sectoral programmes, and to ensure the timely availability of essential information for decision-making. Annual project plans of action will be prepared and reviewed twice yearly. Emergency contingency plans will also be updated yearly.

57. The Government, in consultation with the United Nations, classified the 12 NDF programmes into groups, and for each a "programme secretariat" was appointed to support and help the Government manage and coordinate the programme, provide technical support and build national capacity. UNICEF is the Programme Secretariat for education and vocational training, and heads the EPI, nutrition and safe motherhood sub-sectors in the health programme secretariat led by WHO.

TABLE
LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : AFGHANISTAN
PROGRAMME:2003-2005

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
HEALTH & NUTRITION	5,696,000		5,696,000	0	0	1	0	2	0	3	9	1	13	1,962,141	822,592	2,784,733
BASIC EDUCATION	6,835,000		6,835,000	0	0	1	1	0	0	2	4	3	9	1,484,966	437,693	1,922,659
CHILD PROTECTION	4,029,000		4,029,000	0	0	1	0	0	0	1	1	2	4	773,013	137,727	910,740
CROSS SECTORAL COSTS	3,200,000		3,200,000	0	0	1	2	0	0	3	2	14	19	2,196,919	964,353	3,161,272
WATER, SANITATION & HYGIENE PR	4,842,000		4,842,000	0	0	1	1	0	0	2	0	3	5	1,484,966	103,450	1,588,416
PLANNING, RESEARCH, MONITORING	2,658,000		2,658,000	0	0	1	0	0	0	1	1	0	2	773,013	76,789	849,802
TOTAL RR	27,260,000		27,260,000	0	0	6	4	2	0	12	17	43	72	8,675,018	2,542,804	11,217,822
OTHER RESOURCES :																
HEALTH & NUTRITION		39,900,000	39,900,000	0	0	0	0	0	0	0	5	0	5	0	423,275	423,275
BASIC EDUCATION		39,900,000	39,900,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILD PROTECTION		8,500,000	8,500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
WATER, SANITATION & HYGIENE PR		11,500,000	11,500,000	0	0	0	0	0	0	0	1	1	2	0	109,955	109,955
PLANNING, RESEARCH, MONITORING		5,200,000	5,200,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL OR		105,000,000	105,000,000	0	0	0	0	0	0	0	6	1	7	0	533,230	533,230
TOTAL RR & OR	27,260,000	105,000,000	132,260,000	0	0	6	4	2	0	12	23	44	79	8,675,018	3,076,034	11,751,052
SUPPORT BUDGET	Operating costs Staffing		997,795	0	1	1	1	0	0	3	3	10	16	2,362,788	1,177,273	3,540,061
GRAND TOTAL (RR + OR + SB)				0	1	7	5	2	0	15	26	54	95	11,037,806	4,253,307	15,291,113
	Number of posts and staff costs															
	Current programme cycle									30	33	75	138			
	At the end of proposed programme cycle (indicative only)									15	26	54	95	11,037,806	4,253,307	15,291,113

RR - regular resources
OR - other resources
IP - International Professional
NP - national Professional
GS - General Service
SB - support budget

a/ Each post, regardless of its funding source, supports the country programme as a whole
b/ Excludes temporary assistance and overtime